

Report on use of non ozone depleting substances by beneficiary companies*1

Frequency of report : Annually

Last date for submission : Within 60 days of end of calendar year

Name of Company: _____ Period of report: Jan–Dec.
(in metric tonnes)

PRIVATE Sr.No.Name of non- Ozone Depleting Substance being used	Quantity of non- Ozone Depleting Substance used during the period of report					

Total

Signature *3
with seal

Verification

I S/o do hereby solemnly verify that to the best of my knowledge and belief the information given above and the annexure and statements any accompanying it are correct and complete.

I further declare that I am submitting and verifying the information given above in my capacity as and that I am competent to do so.

Place..... Signature *3.....

Date..... with seal

Notes:

*1 This report is to be submitted by all companies whose names have been notified under sub rule 2 of rule 6 or sub-rule 3 of rule 14

*2 Purpose are: (i) Manufacture of aerosols (excluding metered dose inhalers for medical purposes).

- i. Manufacture of Foam products.
- ii. Manufacture of Fire extinguishers & fire extinguishing systems.
- iii. Manufacture of Mobile Air conditioners
- iv. Manufacture of other Refrigerations & Air conditioning products (excluding compressors).
- v. Solvent use.
- vi. Exempted use.
- vii. Servicing of fire extinguishers or fire extinguishing system.
- viii. Manufacture of Compressors.
- ix. Others – specify.

*5 The above form including the verification portion must be signed in case of an individual, by the individual himself or a person duly authorized by him: in case of Hindu undivided family, by the Karta: in case of a partnership firm, by the managing partner, in case of a company, by a person duly authorized in that behalf by the Board of Directors and in any other case, by a person incharge of or responsible for the conduct of the business.