SCHEDULE XI

Form 1 page 1

Report on production of ozone depleting substances

Frequency of report : Annually

Last date for submission of report: Within 60 days of end of the year

Period of report: January – December 19

Name of

company:				
Name of Group of Ozone Depleting Substances?	Name of Ozone Depleting Substances	Total Quantity produced for All uses *2	Quantities produced for exempted uses within India *3 Quantity pro- Quantity produced for feed duced for other stock within exempted use within India	Quantity produced for supply to countries listed in parts I and II of Schedule-VI
Group I	CFC13 (CFC-11) CFC(12) (CFC-12) C2F4C12 (CFC-114) C2 F5C1 (CFC-115)			
	TOTAL			
			– page 2	
Name of Group of Ozone Depleting Substances	Name of Ozone Depleting Substances * 1	Total Quantity produced for All uses *2	Quantities produced for exemped uses within India *3 Quantity pro- Quantity pro-duced for feed duced for other stock within India exempted use within India	Quantity produced for supply to countries listed in parts I and II of Schedule-VI
Group II	CF2BrCl (Halon 1211) CF3 Br (Halon 1301) C2F4Br2 (Halon 2402)			
	TOTAL			
Group III CF3Cl	(CFC-13)		<u> </u>	
Total				

			ozoneleg	isiai	.1011		
Group IV CC1 Chloride)	4 (Carbon tetra-						
Group V C2H: Chloroform i.e 1.1.1-trichloro	.						
			Form 1 –	Pas	ge 3		
Name of Group of Ozone Depleting Substances	Name of Ozone Depleting Substances * 1	Total produses	l Quantity uced for All		Quantities produced for exempuses within India *3 Quantity pro- Quantity produced for feed duced for other stock within India exempted use within India	ed	Quantity produced for supply to countries listed in parts I and II of Schedule-VI
Group II	CHFCI (HCFC-21) CHF2CI (HCFC-22) CH2FCI (HCFC-31) C2HF3CL2 (HCFC-123) C4HF4CI (HCFC-124) C2H2F3CI (HCFC-133) CH3CF12 (HCFC-141 b) CH3CF2CI (HCFC - 142b) C3HF5C2 - (HCFC-225) CF3CF-2CHCI2(HCFC-225ca) CF2CICF2HCIF(HCFC-225cb) TOTAL						
Name of Group of Ozone Depleting Substances	Name of Ozone Depleting Substances * 1		ced for All	Qu use Qu duo sto	ge 4 cantities produced for exemped es within India *3 cantity pro- Quantity pro- ced for feed duced for other cek within India exempted use thin India	su _l lis	nantity produced for pply to countries ted in parts I and II Schedule-VI
1	2		3		4		5
Group VII HBB Group VIII (Mo (CH3Br) of Ne Bromide production for Quarantine and Preshipmer applications wi India and for ex	ethyl Bromide Total quantity w Methyl- ced nt thin						

Signature *4 with seal

Form 1 page 5

Verification

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		e depleting sub	ostances *1:									
(i	n metric tonn	,										
	PRIVATE	Purchase order No. & date	Bill of Lad	ing T	otal Quant	ity import	ed all us	ses		of new e imported to u		epleting
*2	Sr. No.	110. & date	nor et date						Sucstaire	o imported to a		
	-	claimed Feedstock	Exempted									
U	ses											
	PRIVATE	2	3	4		5		6		7	8	
-	1											
-												
-												
-												
-	TOTAL											
L	TOTAL											
	PRIVATE Free o Board (FOE value \$	Rs	No. & date		Country which in		Name of sell	& addı er		t of shipment	Port of do	
		9	10	11		12			13	14		15

TOTAL Signature *4 with sear

Form 2 page 2

Verif	ication			-					
		t of my knowle							
		it are correct a	-	the informa	ulon given ao	ove an	iu tiie ai	mexure and s	tatements any
I furt	her declar	e that I am ma	king this appl						
		ication and ver	ify it by virture	e of	A j	photo/	atteste	d copy of whi	ch is enclosed
herev Place		Signature *	:4						
		with seal	1	•••••					
Note	s:-								
		for eac	e form should l h ozone deplet ng substance.		•		_		
			ecovery' The ery, equipment		_				bstance from
			eclamation' Th		_	_	-	-	one depleting
			nce through s			_	_		
			ent in order to			-		tandard of pe	erformance. If
	*4 The	above Form i	nvolves proces ncluding the v	_			•	ase of an ind	ividual by the
		ual himself or a	_		-	-			•
		of the partne	•	_					-
		zed in that be sible for the cor	•		rectors and 1	n any	case, b	y a person 11	ncharge of or
	respons	sible for the cor	iduct of the bu		3 – page 1				
			Report on exp			substa	ances		
					f report : Qua	•			
N.T	6.0		are for submiss			days o	of end of	f the quarter	
Namo Namo	e of czone	oany:e depleting sub		Period	or report:				
	etric tonn		stances 1						
PF	RIVATE No.	Invoice No.	Bill of Lading no. & date				-	of new oze	
New *	2 Recovered	Quarantine & Feeds	stock Exempted use	es					
	aimed Presh ation *3	ipment							
шрртто.									
PR	IVATE	2	3	1	5	6		7	8
1									
					-			-	
TO	ТАІ								
10	TAL								

PRIVATE Free on Board (FOB) value	Free on Board (FOB)Value Rs.	Export licence No. & date	Country to which exported	Name & address of buyer	Port of shipment	Port of delivery
\$						
9	10	11	12	13	14	15
					ı	
TOTAL						

Signature *4 with seal

Form 3 page 2

					1 0					
	Verification									
I		S/o .			• • • • • • • • • • • • • • • • • • • •		. do he	reby so	lemnly ve	rify
that to the be	st of my knowledge ar	nd belief the	informatio	on gi	ven above an	d the a	nnexure	and st	atements	any
accompanying	g it are correct and con	nplete.								
I further dec	lare that I am subn	nitting and	verifying	the	information	given	above	in my	capacity	as
	and that I am	competent to	o do so.							
Place	Signature *4		••••							
Date	with seal									
Notes:-										

- *1 One form should be used for only one ozone depleting substances. Use separate form for each ozone depleting substances. Please see Schedule 1 for complete list of all ozone depleting substances
- *2 'Recovery' The collection and storage of ozone depleting substances from machinery, equipment vessels etc. during servicing or prior to disposal.
- 'Reclamation' The reprocessing and upgrading of a recovered ozone depleting substances through such mechanism as filtering, during, distillation and chemical treatment in order to restore the substance to specified standard of performance. If often involves processing 'off side' at a central facility.
- *3 For Methyl Bromide only.
- *4 The above Form including the verification portion must be signed incase 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 the 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 case, by a person incharge of or responsible for the conduct of the business.

Form 4- page 1

Report on sale of ozone depleting substances

Frequency of report : Quarterly

Last date for submission of report: Within 30 days of end of the Quarter

Name of Company: ______ Period of reprot: _____

Part A

(in metric tonnes)

		,		
PRIVATE	Name of	Quantity of ozone depleting substance	Quantity of Ozone	Name and address of Indian
Sr.	Ozone	*1 *2 *3	Depleting	supplier from whom Ozone
No.	Depleting	Produced imported Reclaimed Exported	Substances	Depleting Substances was

	Substance		purchased locally	purchased locally
Total for each				
Ozone Depletin Substance	g			
Substance				
•		Earns 4		

Form 4 - page 2

Part B

(in metric tonnes)

		(III IIICUIIC	tomics)	
PRIVATE Sr. No.	Name of Ozone Depleting Substances	Purpose for which *4 Ozone Depleting Substance was sold to the buyer		Name & address of buyer
TOTAL				
			~ · · · · · · · · · · · · · · · · · · ·	

Signature *5 with seal

Form 4 - page 3

Verification	l
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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 *5.....

Date..... with seal

Notes:

- *1 Full report to be submitted as per Form 2
- *2 -do- Form 7.
- *3 -do- Form 3.
 - *4 Purpose are: (i) Manufacture of aerosols (excluding metered dose inhalers

for medical purposes).

- i. Manufacture of Foam products.
- ii. Manufacture of Fire extingushers & 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. Selling.
- viii. Servicing of fire extinguishers or fire extinguishing system.
- ix. Metered dose inhalers for medicinal purpose.

- x. Manufacture of Compressors.
- xi. Others specify.

Form 4 - page 4

*5 The above Form including the verification portion must be signed incase 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 the 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 case, by a person incharge of or responsible for the conduct of the business.

*6 Use separate form for separate ozone depleting substances.

Form -5 – page 1

Report on purchase of ozone depleting substances on end use bases

Frequency of report: annually

Last date for submission: Within 30 days of end of calender year. Name of Company: _____ Period of report : January - December

Part A

(in metric tonnes)

PRIVATE Sr. No.	Name of Ozone Depleting Substance	Quantity of Ozone Depleting Substance *1 *2 imported Reclaimed	Quantity Depleting purchased lo	of Ozone Substances ocally	Name and address of Indian supplier from whom Ozone Depleting Substances was purchased locally
Total					

Form 5 - page 2

Part B

		(in me	tric tonnes)	
PRIVATE	Name of Ozone	Name & address of	*3* Purpose3 for which	Quantity of Ozone Depleting
Sr.	Depleting Substances	enterprise/firm Ozone	Ozone Depleting Substance	Substance used
No.		Depleting Substances	was used	
110.		was used		
		•		
ТОТАІ				
TOTAL				
Signat	ure *4			
vyith a				

Signature *4	
with seal	
Verification	
Ţ	

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 *4.....

Date..... with seal

Notes:

*1 Full report to be submitted as per Form 2.

- *2 Full report to be submitted as per Form 7.
- *3 Purpose are: (i) Manufacture of aerosols (excluding metered dose inhalers for medical purposes).
- ii. Manufacture of Foam products.
- iii. Manufacture of Fire extingushers & fire extinguishing systems.
- iv. Manufacture of Mobile Air conditioners
- v. Manufacture of other Refrigerations & Air conditioning products (excluding compressors).
- vi. Solvent use.
- vii. Exempted use.
- viii. Selling.
- ix. Servicing of fire extinguishers or fire extinguishing system.
- x. Metered dose inhalers for medicinal purpose.
- xi. Manufacture of Compressors.
- xii. Others specify.
 - *4 The above Form including the verification portion must be signed incase 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 the 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 case, by a person incharge of or responsible for the conduct of the business.

Form 6 - page 1

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)

		(111 1110 0110	***************************************		
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

Form 6 – page 2

	Vermeution	
I	S/o	do hereby solemnly verify
	my knowledge and belief the information given	•
accompanying it a	re 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.....

Verification

Date..... with seal

^{*1} This report is to be submitted by all companies whose names have been notified under sub-rule 2 of

1 Timo report to to be decimined by an economical window manies may be desired and to be rate 2 or

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.

Form 7 – page 1

Report on reclamation of ozone depleting substances

Frequency of report : Annually

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

Name of Company Period of report : January – December

(in metric tonnes)

PRIVATE	Name of Ozone	Quantity of *2			Name & Address of site
Sr.	Depleting	Ozone Depleting	company/site from	Depleting Substances	at which Ozone
No.	Substances *1	Substances	which Ozone	was reclaimed3	Depleting Substances
110.		recovered	Depleting		was reclaimed
			Substances was		
			recovered		
1	2	3	4	5	6
	TOTAL				

Signature *4 with Seal

Form 7 - page 2

	vermeation			
I	S/o		do hereby so	lemnly verify
	my knowledge and belief the info		•	,
accompanying it ar	e correct and complete.	•		_
	that I am submitting and ver	ifving the information	given above in my	canacity as

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.....

Vanification

Date..... with seal

:56:

^{*1} Please see Schedule I for list of all ozone depleting substances.

^{*2 &#}x27;Recovery' The collection and storage of ozone depleting substances from machinery equipment.

containment vessels during servicing or prior to disposal.

- *3 'Reclamation' The reprocessing and upgrading or recovered ozone depleting substances through such mechanism as filtering drying, distillation and chemical treatment in order to restore the substance to a specified standard of performance. If often involves processing "of-side" at a central facility.
- *4 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.

Form - 8

Report on quantity of ozone depleting substances destroyed

Frequency of report : Annually

Last date for submission of report: Within 30 days of end of calendar year

Period of report: January – December

Name of Company	 	 	 	 		
(in metric tonnes)						

PRIVATE Name of Group of Ozone Depleting Substances	Name of Ozone Depleting Substances	Quantities Destroyed *1

Signature *2 with Seal

	fica	

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 *2.....

Date..... with seal

Notes:

- *1 Quantity destroyed should be calculated on the basis of destruction efficiency of the facility employed.
- *2 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.

Form 9 page 1

Form for refrigeration of enterprises producing ozone depleting substances [sub-rule (1) of rule 3]

- 1. Name of enterprises
- 2. Address of Registered office (including Tehsil, District, State)
- Darticulare of factories

J. I articulars of factories

PRIVATE Sr. No.	Name *1 of Ozone Depleting Substances	Address of factory where Ozone Depleting Substances is produced (inculding Tehsil, District, State)	Date of incorporation or registration	Date of commencement of commercial production
1.				
2.				
3.				
4.				

- 4. Name of business house/group to which the enterprise belongs
- 5. Please give name of Managing Director of Chief Executive.

Form 9 Page 2

6. Please enclose a copy each of the Annual Report, Audited Balance Sheet and Profit and Loss Account of the enterprise for the last three years.

Signature of the applicant *2 with Seal

	Verification							
I	S/	o			do hereb	y sol	emnly ver	rify
that to the best of r	ny knowledge and belief tl	ne information	n given above an	d the an	nexure ai	nd sta	itements a	ıny
accompanying it are	correct and complete.							
I further declare	that I am submitting an	d verifying	the information	given	above in	my	capacity	as
	and that I am competen	t to do so.						
Place	. Signature *2							
Date	. with seal							
Notes:								

*1 Please see Schedule I for list of all ozone depleting substances.

*2 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.

Form 10 - page 1

Form for registration of enterpriese selling ozone depleting substances [sub-rule (1) of rule 6]

- 1. Name of firm
- 2. Address of Registered office (including Tehsil:

District, State)

- 3. Date of Registration and the name of Act under: which registered (A copy of such registration to to be attached):
- 4. Particulars of sales outlet

PRIVATE Sr. No.	Name of Ozone Depleting Substance	Address of sale outlets	Date of start of sale of Ozone Depleting Substance	Name & address of producer/importer of Ozone Depleting Substance from whom Ozone Depleting Substance was purchased during the past twelve months

Form 10 Page 2

5. Name of Proprietor or Chief Executive:

6. Please attach a copy of latest Income Tax Assesment Order:

Signature of the applicant *2 with seal

Verification

I declare that the enterprise/ firm ment	tioned in Sr. 1 above l	nas not applied for	r registration u	nder sub-rule (1	I)
of rule 6 of the Ozone Depleting Subst	tances (Regulation and	l Control) Rules, 2	2000 with any	other registerin	ιg
authority.					
I	S/o		do hereby	solemnly verif	fy
that to the best of my knowledge and baccompanying it are correct and complete.	,	given above and th	ne annexure and	d statements an	ıy
I further declare that I am submitt and that I am con		e information giv	ven above in	my capacity a	ıs
Place Signature *2					
Date with seal					
Notes:					

*2 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.

Form 11- page 1

Form for registration of enterprises using ozone depleting substances in activities specified in column 2 of Schedule IV

[sub-rule (1) of rule 8]

Part A

Activities relating to manufacture of products using ozone depleting substances

- 1. Name of the enterprise:
- 2. Address of Registered office (including Tehsil: District, State)
- 3. Particulars of factories:

PRIVATE Sr. No.	Address of factory where products using Ozone Depleting Substances are produced (including Tehsil, District, State)	Date of incorporation registration	Date of commencement of commercial production
1.			
2.			
3.			
4.			

4	. Name of bu	siness house/group to which Sch	eduleXI
tl	ne enterprise	belongs: Form	11
5	. Please give	name of Managing or chief Page	2
E	executive.		

6. Please enclose a copy of the latest Annual:

Report, Audited Balance Sheet and Profit &

^{*1} Please see Schedule I for list of all ozone depleting substances.

Loss Account of the enterprise.

Signature of the applicant *2 with seal

T 7	•	~		. •	
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v	\sim	11	-a	.LI	VI.

I declare that the enterprise/	firm mentioned in Sr. 1 above has r	not applied for registration under sub-rule (1)
of rule 6 of the Ozone Depl	eting Substances (Regulation and Co	ontrol) Rules, 2000 with any other registering
authority.		
I	S/o	do hereby solemnly verify
•	2	n above and the annexure and statements any
accompanying it are correct	1	
I further declare that I a and th		formation given above in my capacity as
Place Signatu	re *2	
Date with se	al	
Notes:		

- *1 Products to include one of the following:
 - (i) Aerosols (excluding metered dose inhalers for medicinal purposes); (ii) Foam Products; (iii) Fire Extinguishers or fire extinguishing systems; (iv) Mobile Air Conditioners; (v) Other Regrigeration & Air conditioning products (excluding compressors); (vi) Products where ozone depleting substances are used as solvents; (vii) Metered Dose Inhalers for medicinal lpurpose.
 - *2 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.

Form 11 page 2

Part B

Activities rekating to servicing of fire extinguishers or fire extinguishing systems

- 1. Name of the enterprise/firm:
- 2. Address of Registered office (including:

Tehsil, District, State)

- 3. Date of Registration and the name of Act under: which registered. (A copy of registration to be attached)
- 4. Servicing fire extinguishers: Yes/No
- 5. Servicing fire extinguishing systems: Yes/No
- 6. Address of servicing outlet:
- 7. Dare of commencement of servicing activities:
- 8. Name of Proprietor/ Chief Executive Committee:
 - 9. Please enclose a copy of the latest Annual Report, Audited Balance Sheet and Profit & Loss Account of the enterprise or Income Tax Assessment Order.

Signature of the applicant *1 with seal

Verification

I declare that the enterprise/ firm mentioned in Sr. 1 above has not applied for registration under sub-rule (1) of rule 6 of the Ozone Depleting Substances (Regulation and Control) Rules, 2000 with any other registering authority.

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 *2.....

Date..... with seal

Notes:

*1 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.

Form 12 - page 1

Report on manufacture, import, export and sale of compressors

Frequency of report : Quarterly

Last date for submission of report: Within 30 days of end of the quarter

Name of Company...... Period of report.....

PRIVATE S Compressor	r. No. Size of	No. of compressors		
		Produced	Imported	Exported
1	2	3	4	5
TOTAL				

PRIVATE No. of compressor sold in India	Name and address of Indian buyer	Name of refrigerant if compressor was charged at the premises of the company	Quantity of refrigerant used
6	7	8	9
TOTAL			

Signature *1 with Seal

		Form 12 Pa	ige Z					
Verification								
I		S/o			do hereb	y sol	emnly ver	rify
	my knowledge and believe correct and complete.	of the information	on given above	and the a	annexure a	nd sta	itements a	any
	that I am submitting and that I am compet		the informati	on given	above in	my	capacity	as
Place	Signature *2							
Date	with seal							
Notes:								

*1 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.

Form 13 – page 1

Form for registration of enterprises manufacturing, importing or exporting compressors (rule 12)

- 1. Name of the eneterprise/firm:
- 2. Address of Registered office (including:

Tehsil, District, State)

3. Particulars of factories manufacturing:

Compressors (for manufacturers)

PRIVATE Sr. No.	Address of factory where compressors are produced (including Tehsil, District, State)	Date of incorporation or registration	Date of commencement of commercial production
1	2	3	4
1.			
2.			

4. Particular regarding imports:

(for importers)

PRIVATE Address of companies from whom importing		Date of start of imports
Sr. No.		
1	2	3
1.		
2.		

Form 13 - Page 2

5. Particular of sales outlet

(for exporters and/or tranders)

(<u>-</u>	(F							
PRIVATE	Address of sales outlets	Date of start of sales	Date of start of exports					
Sr. No.								
1	2	3	4					
1.								
2.								

- 6. Name of business house/group to which the enterprises belongs:
- 7. Please give name of Managing Director or Chief Executive:
- 8. Please enclose a copy each of the latest Annual Report, Audited Balance Sheet and Profit & Loss Account or Income Tax Assessment Order of the enterprises/firm.

Signature of the applicant *1 with Seal

Verification

I declare that the enterprise/ firm mentioned in Sr. 1 above has not applied for registration under sub-rule (1) of rule 6 of the Ozone Depleting Substances (Regulation and Control) Rules, 2000 with any other registering authority.

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 *1.....

Date..... with seal

Form 13 Page 3

^{*1} 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.

Form 14

Form for registration *2 of enterprises reclaiming/ destroying ozone depleting substances (rule 11)

- 1. Name of the enterprise:
- 2. Address of Registered office (including : Tehsil, District, State)
- 3. Particulars of factories:

PRIVATE Sr. No.	Name of Ozone Depleting Substance *3	Address of factory where Ozone Depleting Substances is being reclaimed/destroyed (including Tehsil, District, State)	Date of incorporation or registration	Date of commencement of commercial reclamation destruction
1.				
2.				
3.				
4.				

4.	Name	of business	house/group	which
• •	1 (01110	OI CUBILIONS	110000 5100	, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

The enterprise belongs:

5. Please give name of Managing Director or

Chief Executive:

Schedule	XI
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Page	2.

6. Please enclose a copy each of the latest Annual Report, Audited Balalnce Sheet and Profit & Loss Account of the enterprise.

Signature of the applicant *1 with seal

'eri		

I declare that the enterprise/ firm mentioned in Sr. 1 above has not applied for registration under sub-rule (1) of rule 6 of the Ozone Depleting Substances (Regulation and Control) Rules, 2000 with any other registering authority.

I	S/o	do hereby solemnly verify
	t of my knowledge and belief the information given abov	
accompanying	it are correct and complete.	

	-				-										
I	further	declare	that	I am	submitting	and	verifying	the	information	given	above	in	my	capacity	as
			an	d that	I am compet	tent t	o do so.								

PlaceSig	nature *1
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Date..... with seal

- *1 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.
- *2 Please use separate form for reclamation and destruction.
- *3 Please see Schedule I for list of all ozone depleting substances.