

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

Name of company:	Period of report : January – December 19			
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 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			

Form 1 – 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 exempted uses within India *3 Quantity pro- Quantity produced 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)				

Total				

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Group IV CC14 (Carbon tetra-Chloride)
Group V C2H3C13 (Methy Chloroform i.e. 1.1.1-trichloroethane)

Form 1 – Page 3

Name of Group of Ozone Depleting Substances	Name of Ozone Depleting Substances * 1	Total Quantity produced for All uses *2	Quantities produced for exempted uses within India *3 Quantity pro-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	CHFCl (HCFC-21) CHF2Cl (HCFC-22) CH2FCl (HCFC-31) C2HF3CL2 (HCFC-123) C4HF4Cl (HCFC-124) C2H2F3Cl (HCFC-133) CH3CF12 (HCFC-141 b) CH3CF2Cl (HCFC – 142b) C3HF5C2 – (HCFC-225) CF3CF-2CHCl2(HCFC-225ca) CF2ClCF2HClF(HCFC-225cb)			
	TOTAL			

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Name of Group of Ozone Depleting Substances	Name of Ozone Depleting Substances * 1	Total Quantity produced for All uses *2	Quantities produced for exempted uses within India *3 Quantity pro-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
1	2	3	4	5
Group VII HBFCs				
Group VIII (Methyl Bromide Total quantity (CH3Br) of New Methyl-Bromide produced for Quarantine and Preshipment applications within India and for exports				

Signature *4
with seal

Form 1 page 5

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.

P..... Signature *4.....

Date..... with seal

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

*2 Total production should be given without any deductions. The Ministry of Environment & Forests would make the necessary deductions in accordance with the definition in rule 2.

*3 Please see rule 2(k) and give the total quantity used within India as feedstock and quantity exempted under rule 16 from local production.

*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 2 page 1

Data on imports 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 report:

Name of ozone depleting substances *1:-----

(in metric tonnes)

PRIVATE Sr. No.	Purchase order No. & date	Bill of Lading no. & date	Total Quantity imported all uses	Quantity of new ozone depleting substance imported to use as
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*2 *3

New Recovered Reclaimed Feedstock Exempted

Uses

PRIVATE 1	2	3	4	5	6	7	8
TOTAL							

PRIVATE Free on Board (FOB) value \$	Free on Board Value (FOB) Rs..	Import licence No. & date	Country from which imported	Name & address of seller	Port of shipment	Port of delivery
9	10	11	12	13	14	15
TOTAL						

Signature *4

with seal

Form 2 page 2

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 making this application in my capacity as and that I am competent to make this application and verify it by virtue of A photo/ attested copy of which is enclosed herewith.

Place..... Signature *4.....

Date..... with seal

Notes:-

*1 One form should be used for only one ozone depleting substance. Use separate form for each ozone depleting substance. Please see Schedule 1 for complete list of all ozone depleting substance.

*2 'Recovery' The collection and storage of ozone depleting substance from machinery, equipment vessels etc. during servicing or prior to disposal.

*3 'Reclamation' The reprocessing and upgrading of a recovered ozone depleting substance 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.

*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 3 – page 1

Report on exports of ozone depleting substances

Frequency of report : Quarterly

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

Name of Company: _____ Period of report:

Name of ozone depleting substances *1:-----

(in metric tonnes)

PRIVATE Sr. No.	Invoice No. & date	Bill of Lading no. & date	Quantity exported for all uses	Quantity of new ozone depleting substance imported to use as
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New *2 Recovered Quarantine & Feedstock Exempted uses & Reclaimed Preshipment application *3

PRIVATE 1	2	3	4	5	6	7	8
TOTAL							

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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
TOTAL						

Signature *4
with seal

Form 3 page 2

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

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Substance		purchased locally	purchased locally
Total for each Ozone Depleting Substance			

Form 4 – page 2

Part B

(in metric tonnes)

PRIVATE Sr. No.	Name of Ozone Depleting Substances	Purpose for which *4 Ozone Depleting Substance was sold to the buyer	Quantity of Ozone Depleting Substance sold to the buyer	Name & address of buyer
TOTAL				

Signature *5
with seal

Form 4 – page 3

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 *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 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. 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 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 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

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Part A

(in metric tonnes)

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

Form 5 – page 2

Part B

(in metric tonnes)

PRIVATE Sr. No.	Name of Ozone Depleting Substances	Name & address of enterprise/firm Ozone Depleting Substances was used	*3* Purpose ³ for which Ozone Depleting Substance was used	Quantity of Ozone Depleting Substance used
TOTAL				

Signature *4

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 *4.....

Date..... with seal

Notes:

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

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.

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

Signature *4
with Seal

Form 7 – page 2

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

:56:

Notes:

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

*2. '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

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 *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)
3. Particulars of factories

ozonelegislation

5. PARTICULARS 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.				

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

Form 9 Page 2

- 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 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 *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]

- Name of firm
- Address of Registered office (including Tehsil: District, State)
- Date of Registration and the name of Act under: which registered (A copy of such registration to be attached):
- 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 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 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 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.

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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)	Name of products being manufactured *1	Date of incorporation registration	Date of commencement of commercial production
1.				
2.				
3.				
4.				

4. Name of business house/group to which ScheduleXI
the enterprise belongs: Form11

5. Please give name of Managing or chief Page.....2
Executive.

6. Please enclose a copy of the latest Annual :
Report, Audited Balance Sheet and Profit &

Loss Account of the enterprise.

Signature of the applicant *2
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 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 *2.....

Date..... with seal

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 Reigration & 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 rekatng 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.

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 *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.

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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 Sr. No. of Compressor	Size of Compressor	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 Page 2

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

1. Name of the enterprise/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 Sr. No.	Address of companies from whom importing	Date of start of imports
1	2	3
1.		
2.		

Form 13 - Page 2

5. Particular of sales outlet
(for exporters and/or traders)

PRIVATE Sr. No.	Address of sales outlets	Date of start of sales	Date of start of exports
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 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 *1.....

Date..... with seal

Form 13 Page 3

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 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
The enterprise belongs:
5. Please give name of Managing Director or
Chief Executive :

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Page2

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

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 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 *1.....

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