**Format for Annual Report on Plastic Waste Management to be submitted by the Local Body**

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| **Period of Reporting:** |  |
| (1) | Name of the City or Town and State: |  |
| (2) | Population |  |
| (3) | Area in sq. kilometres |  |
| (4) | Name & Address of Local bodyTelephone No.Fax No.E-mail: |  |
| (5) | Total Number of the wards in the area under jurisdiction |  |
| (6) | Total Number of Households in the area under jurisdiction |  |
| (7) | Number of households covered by door to door collection |  |
| (8) | Total number of commercial establishments and Institutions in the area under jurisdiction |  |
| Commercial establishments |  |
| Institutions |  |
| (9) | Number of commercial establishments and Institutions covered by door to door collection |  |
| Commercial establishments |  |
| Institutions |  |
| (10) | Summary of the mechanisms put in place for management of plastic waste in the area under jurisdiction along with the details of agencies involved in door to door collection |  |
| (11) | Attach details of infrastructure put in place for management of plastic waste generated in the area under jurisdiction |  |
| (12) | Attach details of infrastructure required , if any along with jurisdiction |  |
| (13) | Quantity of Plastic Waste generated during the year from area under jurisdiction (in tons) |  |
| (14) | Quantity of Plastic Waste collected during the year from area under jurisdiction (in tons) |  |
| (15) | Quantity of Plastic Waste channelized for recycling during the year (in tons) |  |
| (16) | Quantity of Plastic Waste channelized for use during the year (in tons) |  |
| (17) | Quantity of inert or rejects sent to landfill sites during the year (in tons) |  |
| (18) | Details of each of facilities used for processing and disposal of plastic waste |  |
| Facility- I |  |
| i) Name of operator |  |
| ii) Address with Telephone Number or Mobile No. |  |
| iii) Capacity |  |
| iv) Technology Used |  |
| v) Registration Number |  |
| vi) Validity of Registration (up to) |  |
| Facility- II |  |
| i) Name of operator  |  |
| ii) Address with Telephone Number or Mobile No. |  |
| iii) Capacity |  |
| iv) Technology Used |  |
| v) Registration Number |  |
| Validity of Registration (up to) |  |
| (19) | Give details of:Local body’s own manpower deployed for collection, including street sweeping, secondary storage, transportation, processing and disposal of waste. |  |
| (20) | Give details of:Contractor or concessionaire’s manpower deployed for collection including street sweeping, secondary storage, transportation, processing and disposal of waste. |  |
| (21) | Mention briefly, the difficulties being experienced by the local body in complying with provisions of these rules including the financial constraints, if any |  |
| (22) | Whether an Action Plan has been prepared for improving solid waste management practices in the city? If yes (attach copy)Date of revision: |  |

Dated: Signature of CEO or Municipal Commissioner or

 Executive officer or Chief Officer

Place: