

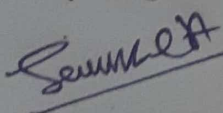
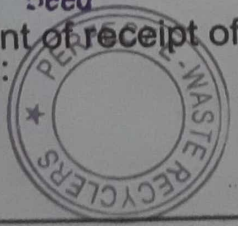
Form-6
[See rule 19]

E-WASTE MANIFEST

007

1	Sender's name and mailing address (including Phone No. and e-mail):	Swa Sawarkar College Swarakar Nagar, Beed.		
2	Sender's Authorizations No.	-		
3	Manifest Document No.	007		
4	Transporter's name and address: (including Phone No. and e-mail)	Perfect E-waste Recyclers A-8/1 Chikalthan, Aurangabad.		
5	Type of vehicle	(Truck or Tanker or Special Vehicle)		
6	Transporter/s Registration No	-		
7	Vehicle Registration No.	-		
8	Receiver's name and address (including Phone No. and e-mail)	Perfect E-waste Recyclers A-8/1 Chikalthan, Aurangabad.		
9	Receiver's Authorisation No	2206000005 MPCB/RO(HQ)/HSMD/Author/2022/EW-06		
10	Description of E-Waste (Item, Weight/ Numbers)	Keyboard/mouse	50 Nos	
		Color Printer	02 Nos	
		Monitor 2ea	04 Nos	
		SMPS	02 Nos	
11	Name and stamp of Sender* (Manufacturer or Producer or Bulk Consumer or Collection Centre or Refurbisher or Dismantler): Name and Stamp: Signature: _____ Dr. P. D. Pohekar	Day	Month	Year
		02	12	2022
12	Transporter acknowledgement of receipt of E-Wastes Name and Stamp: Signature: _____ Swarakar	Swa Sawarkar Mahandyalaya Beed		
		Day	Month	Year
		02	12	2022
13	Receiver* (Collection Centre or Refurbisher or Dismantler or Recycler) certification of receipt of E-waste Name and Stamp: Signature: _____	Day	Month	Year
		02	12	2022
	Yellow Pink	Copy by Sender Copy by receiver	Orange Green	Transporter Copy Sender Copy From Reciver

E-WASTE MANIFEST

1	Sender's name and mailing address (including Phone No. and e-mail):	Swa Sawarkar College Swarnas Nagar Beed		
2	Sender's Authorizations No,			
3	Manifest Document No.	007		
4	Transporter's name and address: (including Phone No. and e-mail)	Perfect E-waste Recycler A-8/1 Chikalthan Aurangabad		
5	Type of vehicle	(Truck or Tanker or Special Vehicle)		
6	Transporter/s Registration No			
7	Vehicle Registration No.			
8	Receiver's name and address (including Phone No. and e-mail)	Perfect E-waste Recycler A-8/1 Chikalthan Aurangabad		
9	Receiver's Authorisation No	2206000005 MPCB/RO(HQ)/HSMD/Autho/2022/EW-06		
10	Description of E-Waste (Item, Weight/ Numbers)	Keyboard/mouse	50 No	
		Color Printers	02 No	
		monitors Led	04 No	
		SMPS	02 No	
11	Name and stamp of Sender* (Manufacturer or Producer or Bulk Consumer or Collection Centre or Refurbisher or Dismantler): Name and Stamp: Signature: D. D. P. Do Pohekar Principal Swa. Sawarkar Mahavidyalaya Beed	Day	Month	Year
		02	12	2022
12	Transporter acknowledgement of receipt of E-Wastes Name and Stamp: Signature:  	Day	Month	Year
		02	12	2022
13	Receiver* (Collection Centre or Refurbisher or Dismantler or Recycler) certification of receipt of E-waste Name and Stamp: Signature:	Day	Month	Year
		02	12	2022
	Yellow Pink	Copy by Sender Copy by receiver	Orange Green	Transporter Copy Sender Copy From Reciver