



ANKLESHWAR CLEANER PROCESS TECHNOLOGY CENTRE LIMITED
ZERO LIQUID DISCHARGE- COMMON EFFLUENT TREATMENT PLANT

QUERY FORM

(PLEASE ATTACH YOUR VISITING CARD ON TOP RIGHT CORNER)

Name of your Company			
Address			
Contact Details	Name:		
	Mobile No.:		
Main Products			
Type of Effluent Streams			
Quantity of Effluent (KL/Day)			
Present Treatment & Disposal Scheme (Inhouse / Common)			
Clarifications / Unaddressed issues from the presentation, if any			
What is the Quantity of effluent you wish to divert to ACPTCL			
Do you want ACPTCL representative to visit you personally?			
If yes, please provide your convenient date and time for the visit.	Date: _____	Time: _____	
Any other Suggestions / Feedback.			

Signature: _____

Date: _____