FORM - II

(See rule10)

APPLICATION FOR AUTHORISATION OR RENEWAL OF AUTHORISATION

(To be submitted by occupier of health care facility or common bio-medical waste treatment facility)

To	
	The Prescribed Authority
	(Name of the State or UT Administration)

Address.

1.	Particul	lars	of.	Anı	olica	ınt:

- (i) Name of the Applicant: (In block letters & in full)
- (ii) Name of the health care facility (HCF) or common bio-medical waste treatment facility (CBWTF):
- (iii) Address for correspondence:

Tele No., Fax No.:

- (v) Email:
- (vi) Website Address:
- 2. Activity for which authorisation is sought:

Activity Please tick

Generation, segregation

Collection,

Storage

packaging

Reception

Transportation

Treatment or processing or conversion

Recycling

Disposal or destruction

use

offering for sale, transfer

Any other form of handling

- 3. Application for □ fresh or □ renewal of authorisation (please tick whatever is applicable):
 - (i) Applied for CTO/CTE Yes/No
 - (ii) In case of renewal previous authorisation number and date:

- (iii) Status of Consents:
 - (a) under the Water (Prevention and Control of Pollution) Act, 1974

(b) under the Air (Prevention and Control of Pollution) Act, 1981:
(i) Address of the health care facility (HCF) or common bio-medical waste treatment facility (CBWTF):
(ii) GPS coordinates of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF):
Details of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF): (i) Number of beds of HCF:
(ii) Number of patients treated per month by HCF:(iii) Number healthcare facilities covered by CBMWTF:
(iv) No of beds covered by CBMWTF:
(v) Installed treatment and disposal capacity of CBMWTF: Kg per day (vi) Quantity of biomedical waste treated or disposed by CBMWTF: Kg/ day
(vii) Area or distance covered by CBMWTF: (pl. attach map a map with GPS locations of CBMWTF and area of coverage)
(viii) Quantity of Biomedical waste handled, treated or disposed:

Category	Type of Waste	Quantity	Method of
		Generated or	Treatment and
		Collected, kg/day	Disposal
			(Refer Schedule-
			I)
(1)	(2)	(3)	(4)
	(a) Human Anatomical Waste:		
	(b)Animal Anatomical Waste:		
	(c) Soiled Waste:		
	(d) Expired or Discarded Medicines:		
Yellow	(e) Chemical Solid Waste:		
T CHOW	(f) Chemical Liquid Waste:		
	(g) Discarded linen, mattresses, beddings		
	contaminated with blood or body fluid.		
	(h) Microbiology, Biotechnology and other		
	clinical laboratory waste:		
Red	Contaminated Waste (Recyclable)		
Red			
White	Waste sharps including Metals:		
(Translucen			
t)			
Blue	Glassware:		
Diuc	Metallic Body Implants	7	

- 6. Brief description of arrangements for handling of biomedical waste (attach details):
 - (i) Mode of transportation (if any) of bio-medical waste:
 - (ii) Details of treatment equipment (please give details such as the number, type & capacity of each unit)

		No of units	Capacity of each unit
	Incinerators: Plasma Pyrolysis: Autoclaves: Microwave: Hydroclave: Shredder:		
	Needle tip cutter or destroyer		
	Sharps encapsulation or concrete pit:		
	Deep burial pits: Chemical disinfection: Any other treatment equipment:		
	-		facility (CBWTF)(attach documents): the period of earlier authorisation
9. Declaration			
	are that the statements made a belief and that I have not conc		iven above are true to the best of my ation.
	undertake to provide any furt rules and to fulfill any condit		ought by the prescribed authority in the prescribed authority.
Date :			Signature of the Applicant
Place :			Designation of the Applicant