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. Particulars of Applicant:
   (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:
   (iv) 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:-------------------------

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(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:

4. (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):

5. 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 CBMWT: ______
   (iv) Number of beds covered by CBMWT: ______
   (v) Installed treatment and disposal capacity of CBMWT: ______ Kg per day
   (vi) Quantity of biomedical waste treated or disposed by CBMWT: ______ Kg/day
   (vii) Area or distance covered by CBMWT: ______________
       (pl. attach map a map with GPS locations of CBMWT and area of coverage)
   (viii) Quantity of Biomedical waste handled, treated or disposed:

<table>
<thead>
<tr>
<th>Category</th>
<th>Type of Waste</th>
<th>Quantity Generated or Collected, kg/day</th>
<th>Method of Treatment and Disposal (Refer Schedule-I)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yellow</td>
<td>(a) Human Anatomical Waste:</td>
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<tr>
<td></td>
<td>(b) Animal Anatomical Waste:</td>
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<td>(c) Soiled Waste:</td>
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<tr>
<td>Category</td>
<td>Description</td>
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<td>-------------------------------------------------------------------------</td>
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<td>(d) Expired or Discarded Medicines:</td>
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<td>(e) Chemical Solid Waste:</td>
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<td>(f) Chemical Liquid Waste:</td>
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<td>(g) Discarded linen, mattresses, beddings contaminated with blood or body fluid</td>
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<td>(h) Microbiology, Biotechnology and other clinical laboratory waste:</td>
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<td>Red Contaminated Waste (Recyclable)</td>
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<td>White (Translucent) Waste sharps including Metals:</td>
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<td>Blue Glassware: Metallic Body Implants</td>
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</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Number of units</th>
<th>Capacity of each unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incinerators:</td>
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<tr>
<td>Plasma Pyrolysis:</td>
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<td>Autoclaves:</td>
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</tbody>
</table>
Microwave:
Hydroclave:
Shredder:
Needle tip cutter or 
destroyer
Sharps encapsulation or 
concrete pit:
Deep burial pits:
Chemical disinfection:
Any other treatment 
equipment:

7. Contingency plan of common bio-medical waste treatment facility (CBWTF)(attach 
documents):

8. Details of directions or notices or legal actions if any during the period of earlier 
authorisation

9. Declaration

   I do hereby declare that the statements made and information given above are true 
to the best of my knowledge and belief and that I have not concealed any information.

   I do also hereby undertake to provide any further information sought by the 
prescribed authority in relation to these rules and to fulfill any conditions stipulated by 
the prescribed authority.

   Date :  
   Signature of the Applicant

   Place :  
   Designation of the Applicant