

**FORM - II**  
**(See rule 10 of the Bio-medical Waste Management Rules, 2016)**

**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,  
J&K State Pollution Control Board

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:

<u>Activity</u>	<u>Please tick</u>
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 CTE/CTO 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:

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 (CBWTF):

5. Details of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF):

(i) No. of beds of HCF: \_\_\_\_\_

(ii) No. of patients treated per month by HCF: \_\_\_\_\_

(iii) No. of 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 per day

(vii) Area or distance covered by CBMWTF: \_\_\_\_\_

(pl. attach 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 Generated or Collected, kg/day	Method of Treatment and Disposal (Refer Schedule- I)
(1)	(2)	(3)	(4)
Yellow	(a) Human Anatomical Waste:		
	(b) Animal Anatomical Waste :		
	(c) Soiled Waste:		
	(d) Expired or Discarded Medicines:		
	(e) Chemical Solid Waste:		
	(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):		
White (Translucent)	Waste sharps including Metals:		

Blue	Glassware:		
	Metallic Body Implants:		

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):**

Treatment Equipment	No. of units	Capacity of each unit
Incinerator:		
Plasma Pyrolysis:		
Autoclave:		
Microwave:		
Hydroclave:		
Shredder:		
Needle tip cutter or Destroyer:		
Sharps encapsulation or concrete pit:		
Deep burial pit:		
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 authorization:

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