APPLICATION FOR AUTHORISATION / RENEWAL FOR COLLECTION/RECEPTION/TREATMENT/TRANSPORT/STORAG E/DISPOSAL OF BIO-MEDICAL WASTE (TO BE SUBMITTED IN DUPLICATE)

То

The Member Secretary, Jammu and Kashmir State Environment Protection & Pollution Control Board, Jammu- 180001.

1.		Particulars of Applicant:	
(i)	Name	of the Applicant:	
(-)		ock letters & in full)	
		,	
(ii)		Name of the Institution:	
		Address:	
		Tel No., Fax No.:	
2.	Act	ivity for which authorization is	
		sought:	
	(i)	Generation.	
	(ii)	Collection.	
	(iii)	Reception.	
	(iv)	Storage.	
	(v)	Transportation.	
	(vi)	Treatment.	
	(vii)	Disposal.	
	(viii)	Any other form of handling.	
3.		state whether applying for fresh	
		ization or for renewal:	
		se of Renewal, previous	
	Autho	rization-Number and date).	
4		Address of the institution	
4.	(i)		
		handling Bio- Medical Wastes:	
		Medical wastes:	
	(ii)	Address of the place of the	
	(11)	treatment	
		facility:	
	(iii)	Address of the place of	
		disposal of the	
		waste:	
5.	(i)	Mode of transportation (in any)	
		of the	
		Bio-Medical waste:	

	(ii)	Mode(s) of treatment:	
6.	treatm	description of method of eent and sal (Attach details):	
7.	(i)	Category (see Schedule-I) of waste to be handled:	
	(ii)	Quantity of waste (category- wise) to be handled per month:	

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 these rules and to fulfill any

conditions stipulated by the prescribed authority.

Date:

Signature of the applicant

Place:

Designation of the applicant

NAME OF THE HEALTH CARE FACILITY:

	CATEGORY WISE QUANTUM OF WASTE GENERATED IN KG/LT PER MONTH									
Human Anatomical waste (1)	Animal Waste (2)	Microbiology Waste (3)	Waste Sharps (4)	Discarded Medicines and Drugs (5)	Solid waste (infectious) (6)	Solid waste (noninfectious) (7)	Liquid Waste (8)	Incineration Ash (9)	Chemical Waste (10)	Total

CATEGORY WISE TREATMENT GIVEN TO THE WASTE GENERATED IN TABLE (A)

Human Anatomical waste (1)	Animal Waste (2)	Microbiology Waste (3)	Waste Sharps (4)	Discarded Medicines and Drugs (5)	Solid waste (infectious) (6)	Solid waste (noninfectious) (7)	Liquid Waste (8)	Incineration Ash (9)	Chemical Waste (10)

(C) NUMBER OF TREATMENT EQUIPMENTS (WITH CAPACITY) AVAILABLE								
No. of Beds	Incinerator	Air Pollution	Autoclave	Microwave/	Shredder	Needle/		
Functional	Single or Double Chamber Capacity of Incinerator	Control Devices in Incinerator		Hydroclave		Cutter		

(D) DEEP BURIAL (IF ADOPTED)							
Number of Patients treated/Number of samples tested from 1st April, 07 to 31st March, 08	Site of burial	Size & Depth of the Pit	Method adopted for burial				

Signature of the Head of the Health Care Facility