

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

To

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

1.	Particulars of Applicant:		
(i)	Name of the Applicant: (In block letters & in full)		
(ii)	Name of the Institution:		
	Address:		
	Tel No., Fax No.:		
2.	Activity 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.	Please state whether applying for fresh authorization or for renewal: (In case of Renewal, previous Authorization-Number and date).		
4.	(i)	Address of the institution handling Bio-Medical Wastes:	
	(ii)	Address of the place of the treatment facility:	
	(iii)	Address of the place of disposal of the waste:	
5.	(i)	Mode of transportation (in any) of the Bio-Medical waste:	

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