

**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 Member Secretary,  
Delhi Pollution Control Committee,  
5<sup>th</sup> Floor, ISBT Building,  
Kashmere Gate, Delhi-110006.

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) Mobile No:

(v) Tele No., Fax No.:

(vi) Email:

(vii) 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

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(b) under the Air (Prevention and Control of Pollution) Act, 1981:

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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) Month & Year of Establishment
- (ii) Number of beds of HCF:
- (iii) Whether the HCF is located in Sewered Area: Yes No
- (iv) Status of Laundry existence: Yes No
- (v) Number of patients treated per month by HCF:
- (vi) Number healthcare facilities covered by CBMWTF: \_\_\_\_\_
- (vii) No of beds covered by CBMWTF: \_\_\_\_\_
- (viii) Installed treatment and disposal capacity of CBMWTF: \_\_\_\_\_ Kg per day
- (ix) Quantity of biomedical waste treated or disposed by CBMWTF: \_\_\_\_\_ Kg/day
- (x) Area or distance covered by CBMWTF: \_\_\_\_\_
- (pl. attach map a map with GPS locations of CBMWTF and area of coverage)
- (xi) 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)

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:

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 is 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**