

Performa of Typed Undertaking of be submitted with Application for seeking “Authorization” under Bio-Medical Waste Management Rules, 2016

UNDERTAKING

I _____ (with name and designation) S/o _____

R/o _____ do solemnly affirm and declare as under:-

1. That I am responsible for operation of the Hospital / Nursing Home / Clinic / Dispensary/ Pathological Lab. Etc. name M/s _____ and address _____

2. That I _____ (with name and designation) Am authorized to sign the authorization application form and the other enclosures with the application.

3. That Aforementioned Health Care Establishment has been / will be established on _____ and number of Beds are _____

4. That all the conditions mentioned in the previous authorization for compliance of various provision of the Bio-Medical Waste Management Rules, 2016 have been applied.

5. That there is valid agreement with operator of Common Bio-Medical Waste Treatment facility (CBWTF) for the collection treatment and disposal of the Bio-Medical Waste generated from the aforementioned Health Care Establishment (if applicable)

6. That the Bio-Medical Waste generated is managed effectively in accordance with the handling and disposal methods mentioned in Bio-Medical Waste Management Rules, 2016

7. That in case of any change in the location or information provided above, a fresh application for authorization shall be submitted.

8. An application for renewal of authorization shall be submitted to DPCC one month in advance of the date of expiry of the authorization granted by Delhi Pollution Control Committee(DPCC)

9. That Annual Report shall be submitted to DPCC on or before 31st January of every year indicating the waste quantity details of previous year.

10. That in case of change of operator of common Bio-Medical Waste Treatment Facility a copy of agreement with operator of CBTWF shall be submitted to DPCC within 15 days of entering into agreement , wherever applicable.

11. That for DG Set(s) Adequate Acoustic Enclosure / Acoustic Treatment of room has been provided and adequate measures has been taken to meet the prescribed norms with respect to noise etc as prescribed under the Environment(Protection Rules1986, as amended to date for diesel generators. Adequate Stack Height as prescribed for DG Sets has been provided. Noise Monitoring Report for DG Set(s) from an Empanelled Laboratory of Delhi Pollution Control Committee shall be submitted within two month.

OR

That there is no DG Set installed in the aforementioned Health Care Establishment.

12. That the waste water generated by the Health Care Establishment /Facility is being discharged into the sewerage network of local body. **OR**

That the area from which the Health Care Establishment /Facility is being operated does not have the sewage network of local body.

I hereby verify that what has been stated above is true and correct to the best of my knowledge, and nothing has been concealed therefrom. That, I agree to the automatic nullification of my request for consent/authorization/registration of my unit. I hold myself liable for perjury, falsehood, misrepresentation and/or omission and /or falsification or act of dishonesty for any fraudulent, fake or tampered documents that have been submitted.

APPLICANT

Note:

- (i)Undertaking must be submitted in typed format only.**
- (ii)Please omit whichever is not applicable.**

Structure of application fee for “Consent to Establish”, “Consent to operate”, and Authorization for Bio-Medical waste management under BMW Rules for Health Care Establishments.

(i) For Private Health Care units

Fee Structure for Authorization				Fee Structure for Consent to Establish/Operate			
SI. No.	Categories	Fee (in R.s)	SI. No.	FOR AIR ACT		FOR WATER ACT	
				Total Capital Investment (in Rs.)	Annual Consent Fee (in Rs.)	Average Water consumption per day in kiloliters	Annual Consent Fee (in Rs.)
1.	Clinics, pathological laboratories, and blood banks	1000/- per annum	1	Not exceeding 5 lakhs	250/-	10 or below	250/-
2.	Veterinary institutions, dispensaries, and animal houses	1000/- per annum	2	Above 5 & upto 20 lakhs	500/-	Above 10 to 50	500/-
3.	Hospitals, Nursing Homes and Health Care Establishments	1000/- per annum upto 4 beds and additional Rs. 100 per bed per annum from fifth bed onwards.	3	Above 20 & upto 1 crore	1000/-	Above 50 to 100	1000/-
4.	Operator of the facility of bio-medical waste (excluding transportation)	10,000/- per annum	4	Exceeding 1 crore	2000/-	Above 100 to 500	2000/-

5.	Transporter of bio-medical waste	7,500/- per annum	5	Exceeding 1 crore	2000/-	Above 500 to 1000	2000/-
			6	Exceeding 1 crore	2000/-	Above 1000 to 5000	3000/-
			7	Exceeding 1 crore	2000/-	Above 5000 to 10000	4000/-
			8	Exceeding 1 crore	2000/-	Above 10000 to 50000	5000/-
			9	Exceeding 1 crore	2000/-	Above 50000 to 100000	10,000/-
			10	Exceeding 1 crore	2000/-	Above 100000 to 500000	15,000/-
			11	Exceeding 1 crore	2000/-	Above 500000 to 1000000	20,000/-

(ii) For Health care units run by Govt:

Rs. 100/- per year for Consent to Establish / Operate & Authorization

Document required:

1. Application form duly completed in all respects.
2. Typed Undertaking in prescribed format duly signed by the applicant
3. Fee as prescribed / Applicable to be paid through Demand Draft only in favour of Delhi Pollution Control Committee.
4. Copy of agreement with operator of a facility / Transporter of the Bio-Medical Waste.
5. Copy of Pan Card in the name of Health Care Establishment/Health Care Facility.
6. Copy of previous granted authorization.

Note :- Health Care Establishment /Facility is required to apply & obtain consent under Air(Prevention & Control of Pollution) Act, 1981 & Water (Prevention & Control of Pollution) Act, 1974, in the following cases:-

(i) If the bed strength is more than 50.

(ii) If the Health Care Establishment /Facility (with bed strength up to 50) is having laundry facility.

iii) If the Health Care Establishment /Facility (with bed strength up to 50) is not connected with sewerage network of the local body.