FORM I

(See rule 8)

APPLICATION FOR AUTHORIZATION

(To be submitted in duplicate.)

To

The Prescribed Authority
(Name of the State Govt/UT Administration)
Address.

1. Particulars of Applicant
   (i) Name of the Applicant  :
       (In block letters & in full)
   (ii) Name of the Institution :
   (iii) Address                  :
   (iv) Tele No., Fax No. Telex 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 rash 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 bio-medical waste:

   (ii) Mode(s) of treatment:

6. Brief description of method of treatment and disposal (attach details):

7. (i) Category (see Schedule 1) of waste to be handled

   (ii) Quantity of waste (category-wise) to be handled per month

8. 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