

# FORM I

(See rule 8)

## APPLICATION FOR AUTHORISATION

(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

