

FORM-1
(See Rule 8)
APPLICATION FOR AUTHORISATION
(To be submitted in duplicate)

To,
THE PRESCRIBED AUTHORITY
BIO MEDICAL WASTE (MANUFACTURING & HANDLING) RULES
Karnataka State Pollution Control Board
8th floor, Subhas Chandra Bose Building
(Public Utility Building), M.G. Road
Bangalore-560001

1. Particulars of the Applicant
(i) Name of the Applicant
(in block letters & in full)

(ii) Name of the Institution

Address

Telephone No.

Fax No.

Telex No.

2. Activity for which
authorisation is sought

(i) Generation

(ii) Collection

(iii) Reception

(iv) Storage

(v) Transportation

(vi) Treatment

(vii) Disposal

(viii) Any other form of handling

<p>3. Please state whether applying for fresh Authorisation or for renewal (in case of renewal previous authorisation number and date)</p>	
<p>4. (i) Address of the institution Handling bio-medical wastes</p>	
<p>(ii) Address of the place of the treatment facility</p>	
<p>(iii) Address of the place of disposal of the waste</p>	
<p>5. (i) Mode of transportation(if any) of bio-medical waste</p>	
<p>(ii) Mode(s) of treatment</p>	
<p>6. Brief description of method of treatment and disposal(attach details)</p>	
<p>7. (i) Category (see Schedule-1) of waste to be handled</p>	
<p>(ii) Quantity of waste (category-wise) to be handled per month</p>	
<p>8. Enclosed herewith Bank Draft No.....Dated.....for Rs.....(.....)towards Authority fees in favour of the Member Secretary,Prescribed Authority for Bio-Medical Waste (M&H) Rules,Bangalore.</p>	

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)