



3. Please state whether applying for fresh authorization or renewal  
(In case of renewal, mention previous Authorization No. & 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 the disposal of the waste
  
5.
  - i) Mode of transportation of bio-medical waste (if any)
  
  - ii) Mode (s) of treatment :
  
6. Brief description of method of treatment and disposal (attach details)

7. i) Category (see Schedule - I) of wastes to be handled

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

8. Declaration

I/ we do hereby declare that the statements made and information given above is true to the best of my knowledge and belief and that I/ we have not concealed any information.

I/ we 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:

Name & Signature of the applicant

Place: