

FORM - II
(See rule 10)
APPLICATION FOR AUTHORISATION/ RENEWAL

(To be submitted by occupier of health care facility or common bio-medical waste treatment facility)

To

The Prescribed Authority Nagaland
Pollution Control Board Signal Point,
Dimapur, Nagaland

1. Particulars of Applicant

- i. Name of the Applicant :
(In block letters & in full)
- ii. Name of the health care facility (HCF) or common bio-medical waste treatment facility (CBWTF) :
- iii. Address for correspondence :
- iv. Tele No., Fax No. :
- v. Email :
- vi. Website Address :

2. Activity for which authorization is :
sought Activity Please tick (√)

(i)	Generation, segregation	
(ii)	Collection	
(iii)	Storage	
(iv)	Packaging	
(v)	Reception	
(vi)	Transportation	
(vii)	Treatment or processing or conversion	
(viii)	Recycling	
(ix)	Disposal or destruction	
(x)	Use	
(xi)	Offering for sale, transfer	
(xii)	Any other form of handling	

3. Application for fresh () or renewal () of authorization { Please tick(√)}

i. Applied for CTO/CTE :Yes () No ()

ii. In case of renewal, previous authorization number and date:

iii. Status of Consents:

(a) Under the Water (Prevention and Control of Pollution) Act, 1974:

(b) Under the Air (Prevention and Control of Pollution) Act, 1981:

4. (i) Address of the health care facility (HCF) or common bio-medical waste treatment facility (CBWTF):

(ii) GPS coordinates of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF):

5. Details of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF):

(i) Number of beds of HCF _____ :

(ii) Number of patients treated per month by HCF:

(iii) Number healthcare facilities covered by CBMWTF:

(iv) No of beds covered by CBMWTF:

(v) Installed treatment and disposal capacity of CBMWTF _____ Kg per day

(vi) Quantity of biomedical waste treated or disposed by CBMWTF: _____ Kg/ day

(vii) Area or distance covered by CBMWTF: _____
(pl. attach map a map with GPS locations of CBMWTF and area of coverage)

(viii) Quantity of Biomedical waste handled, treated or disposed:

Category	Type of Waste	Quantity Generated or Collected, kg/day	Method of Treatment and Disposal (Refer Schedule-I)
(1)	(2)	(3)	(4)
Yellow	(a) Human Anatomical Waste:		
	(b) Animal Anatomical Waste :		
	(c) Soiled Waste:		
	(d) Expired or Discarded Medicines:		
	(e) Chemical Solid Waste:		
	(f) Chemical Liquid Waste :		
	(g) Discarded linen, mattresses, beddings contaminated with blood or body fluid.		
	(h) Microbiology, Biotechnology and other clinical laboratory waste:		

Red	Contaminated Waste (Recyclable)		
White (Translucent)	Waste sharps including Metals:		
Blue	Glassware/ including Metallic Body Implants		

6. Brief description of arrangements for handling of biomedical waste (attach details):

(i) Mode of transportation (if any) of bio-medical waste:

(ii) Details of treatment equipment (please give details such as the number, type & capacity of each unit)

Particulars	No of units	Capacity of each unit
Incinerators		
Plasma Pyrolysis		
Autoclaves		
Microwave		
Hydroclave		
Shredder		
Needle tip cutter or destroyer Sharps encapsulation or concrete pit		
Deep burial pits		
Chemical disinfection		
Any other treatment equipment		

7. Contingency plan of common bio-medical waste treatment facility (CBWTF) (attach documents):

8. Details of directions or notices or legal actions if any during the period of earlier authorization.

9. 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: _____ Name of the Applicant _____ :

Designation of the Applicant _____