



FORM - I

(See Rule - 8)

APPLICATION FORM

(To be submitted in duplicate)

To,
The Member Secretary
Pollution Control Committee
Daman, Diu & DNH
Office of the Deputy Conservation of Forest,
Moti Daman,
Daman - 396 220

1. Particulars of Applicant : Mr/ms. . . .

(i) Name of the Applicant :
(In block letters & in full)

(ii) Name of the Institution : *Clinic Name or Hospital Name with address*
Address


Tele. No. / Fax No. / Telex No. :

No. of Beds:

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 :

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3. Please state whether applying : **Renewal**
for fresh authorization or for
renewal.
(In case of renewal previous
authorization No. & date)
- File No:- (PCC/DDD/BMW/83/10-11/12)
Authorization :-83 Date :-04/04/2014
4. i) Address of the institution : **Hindustan Unilever Ltd servey No. 907 .Kilwani**
handling bio-medical **Road Amlī Village Near Gandhigram Bus stop.**
wastes. **Silvassa .396230**
- ii) Address of the place of the : **AS ABOVE**
treatment facility.
- iii) Address of the place of : **CENTRALIZED BIOMEDICAL WASTE**
disposal of the wastes **TREATMENT FACILITY (CBMWTF) BY M/S.**
ENVISION ENVIRO ENGINEERS PVT. LTD.,
AT BHATAR, SURAT.
5. (i) Mode of transportation (in : **TRANSPORTATION WILL BE CARRIED OUT**
any) of bio-medical wastes. **BY CBMWTF**
- (ii) Mode (s) of treatment : **(1) DISINFECTION (CHEMICAL**
TREATMENT)
(2) MUTILATION
6. Brief description of method of : **AS ABOVE**
treatment and disposal.
(Attach details)
7. Category of waste : **CATEGORY NO.1 – 00.500 KG/MONTH**
(category wise) to be **CATEGORY NO.4– 00.050 KG/MONTH**
handled per month. **CATEGORY NO.6 – 00.500 KG/MONTH**
CATEGORY NO.7 – 03.00 KG/MONTH

8. Declaration



I do hereby declare that the statements made and informations 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:

Place: