

**FORM I**

(See rule 8 )

**<sup>1</sup>[APPLICATION FOR AUTHORISATION/RENEWAL OF AUTHORISATION ]**

(To be submitted in duplicate)

To,

The Member Secretary,  
Pollution Control Committee,  
DD & DNH,  
Daman.

1. Particulars of Applicant

(i) Name of the Applicant

(in block letters & in full)

(ii) Name of the Institution :

Address :

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 fresh 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 :

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<sup>1</sup> Substituted by Rule 10 of the Bio-Medical Waste (M &H) (Second Amendment) Rules, 2000 notified vide S.O.545(E), dated 2.6.2000.

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 I) 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