

FORM I

To

**THE MEMBER SECRETARY,  
PUNJAB POLLUTION CONTROL BOARD,  
NABHA ROAD, PATIALA**

1. Particulars of the applicant:

- i. Name of the authorised person (occupier/operator):
- ii. Name of the Institution:  
Address  
Tel. No.  
Telex No.  
Fax No.

2. **ACTIVITY FOR WHICH AUTHORISATION IS SOUGHT**

1. **GENERATION**
2. **COLLECTION**
3. **RECEPTION**
4. **STORAGE**
5. **TRANSPORTATION**
6. **TREATMENT**
7. **DISPOSAL**
8. **ANY OTHER FORM OF HANDLING**

3. **PLEASE STATE WHETHER APPLYING FOR FRESH AUTHORISATION OR RENEWAL  
(IN CASE OF RENEWAL PREVIOUS AUTHORISATION NO. AND DATE)**

4. **1) ADDRESS OF INSTITUTE HANDLING BIO MEDICAL WASTES  
2) ADDRESS OF THE PLACE OF TREATMENT FACILITY  
3) ADDRESS OF THE PLACE OF DISPOSAL OF THE WASTE**

5. **1) MODE OF TRANSPORTATION (IF ANY) OF BIO-MEDICAL WASTE  
2) MODE OF TREATMENT**

6. **BRIEF DESCRIPTION OF METHOD OF TREATMENT AND DISPOSAL (ATTACH DETAILS).**

7. **1) CATEGORY (SEE SCHEDULE I) OF WASTE TO BE HANDLED  
2) QUANTITY OF WASTE (CATEGORY WISE) TO BE HANDLED PER MONTH**

8. **DECLARATION**

**I DO HEREBY DECLARED THAT STATEMENT MADE AND INFORMATION GIVEN ABOVE ARE TRUE  
TO THE BEST OF MY KNOWLEDGE AND BELIEF 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:

SIGNATURE OF APPLICANT  
DESIGNATION OF THE APPLICANT