



No.....

# PUNJAB POLLUTION CONTROL BOARD

Cost: RS.100/-

## FORM I (See Rule 8)

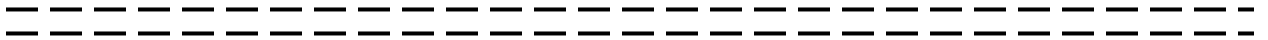
### APPLICATION FOR AUTHORIZATION / RENEWAL OF AUTHORIZATION UNDER

BIO-MEDICAL (MANAGEMENT & HANDLING) RULES, 1998  
(To be submitted in duplicate)

To

The Member Secretary,  
Punjab Pollution Control Board,  
Paryavaran Bhawan, Nabha Road,  
Patiala.

Through  
The Environmental Engineer,  
Punjab Pollution Control Board.



#### 1. Particulars of the applicant:

(i) Name of the Applicant (occupier/operator): \_\_\_\_\_  
(in block letters & in full)

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

FAX \_\_\_\_\_

e-mail \_\_\_\_\_

(ii) Name of the Institution: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

FAX \_\_\_\_\_

e-mail \_\_\_\_\_

2. Activity for which authorisation 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 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(s) 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 :

Signature of applicant

Place:

Designation of the applicant