

**FORM - II**

**(See rule10)**

**APPLICATION FOR AUTHORISATION OR RENEWAL OF AUTHORISATION**

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

To

The Member Secretary,  
Mizoram Pollution Control Board,  
Tuikhuahtlang: Aizawl.

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 authorisation is sought:

Activity

Generation, segregation

Collection,

Storage

packaging

Reception

Transportation

Treatment or processing or conversion

Recycling

Disposal or destruction

use

offering for sale, transfer

Any other form of handling

3. Application for ☐ fresh or ☐ renewal of authorisation (please tick whatever is applicable):

(i) Applied for CTO/CTE Yes/No

(ii) In case of renewal previous authorisation number and date:

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(iii) Status of Consents:

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

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

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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: (Refer Schedule-I)

Category	Type of Waste	QuantityGenerated orCollected, kg/day	Method of Treatment and Disposal
(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:		
	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)

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 :

Designation of the Applicant