

**AN APPLICATION FORM UNDER RULE 8 OF THE BIO MEDICAL  
WASTE (REGULATION & CONTROL) RULES, 2000.**

**FORM – I**  
( See Rule – 8)

**APPLICATION FOR AUTHORISATION**  
(To be submitted in duplicate)

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To  
The Prescribed Authority  
Gujarat Pollution Control Board,  
“Paryavaran Bhavan,”  
Sector – 10A  
Opp: Bij Nigam  
Gandhinagar-382 043

1. Particulars of Applicant : \_\_\_\_\_  
(i) Name of the Applicant: \_\_\_\_\_  
(In block letters & in full) \_\_\_\_\_

(ii) Name if the Institution : \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tele.No./ Fax No. / Telex No. : \_\_\_\_\_

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 for \_\_\_\_\_  
renewal  
( In case of renewal previous  
authorisation No. & 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 wastes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. (I) Mode of transportation \_\_\_\_\_  
(in any) of bio-medical wastes \_\_\_\_\_  
\_\_\_\_\_
- (ii) Mode(s) of treatment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Brief description of method of \_\_\_\_\_  
treatment and disposal \_\_\_\_\_  
(Attach detail) \_\_\_\_\_

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.

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Designation of the Applicant

Date : \_\_\_\_\_

Place: \_\_\_\_\_

**NOTE :**

Application alongwith fees by Pay order/Demand Draft drawn in favour of Gujarat Pollution Control Board should be submitted to the Regional Office of Gujarat Pollution Control Board at: Amedabad / Gandhinagar / Rajkot / Jamnagar / Surat / Baroda / Vapi / Bharuch.

**Authorisation fees :**

<b>Sr. No.</b>	<b>Particulars</b>	<b>Rates of fees Rs.</b>
<b>A.</b>	Hospital and nursing homes	
	(a) With 500 beds and above	05,000/-
	(b) With 200 beds and above, but less than 500 beds	04,000/-
	(c) With 50 beds and above, but less than 200 beds	03,000/-
	(d) with less than 50 beds	02,000/-
<b>B.</b>	Every occupier of an institution generating collecting, receiving, storing, transporting, treating, disposing and/or handling biomedical waste in any other manner, including clinics, dispensaries, pathological laboratories, blood banks, veterinary institution, animal house, by whatever name called, but not included in A above	01,000/-
<b>C.</b>	Every institution and operator connected with Management and handling of Bio-Medical waste.	
	(i) The operators having an incinerator with capacity up to 50 kgs. per hour	10,000/-
	(ii) Waste operators having an incinerator with capacity of more than 50 kgs per hour	20,000/-
	(iii) Operators having facilities other than incinerator	01,000/-