

FORM – I
(See Rule – 8)
APPLICATION FOR AUTHORIZATION
(To be submitted in duplicate)

To

The Member Secretary,
Pollution Control Board, Assam,
Bamunimaidam, Guwahati –21.

1. Particulars of Applicant

- (i). Name of the Applicant :
(In Block letters & in full)
- (ii) Name of the Institution :
Address :

Telephone 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:

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
