

FORM 1

(See rule 8)

1[APPLICATION FOR AUTHORISATION/RENEWAL OF AUTHORISATION]

(To be submitted in duplicate)

To

The Member Secretary,
Kerala State Pollution Control Board,
Plamood, Pattom, Thiruvananthapuram - 695004.

1. Particulars of applicant

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

Telephone No. :

Fax No. :

2. Activity for which authorisation sought

- i. Generation : *Yes*
- ii. Collection : *NA*
- iii. Reception : *NA*
- iv. Storage : *NA*
- v. Transportation : *NA*
- vi. Treatment : *NA*
- vii. Disposal : *NA*
- viii. Any other form of handling : *NA*

3. Please state whether applying for fresh authorization or for renewal : Fresh / Renewal
(In case of renewal previous authorisation number and date) :

4. i. Address of the institution handling biomedical wastes : *IMAGE*
- ii. Address of the place of the treatment facility : *NA*
- iii. Address of the place of disposal of the waste : *NA*

5. i. Mode of transportation (in any) of the biomedical waste : *IMAGE*
- ii. Mode(s) of treatment : *NA*

6. i. Brief description of method of treatment and disposal (attach details) : **Image Receipt**

7. i. Category (see Schedule I) of the waste to be handled : *Category. 1, 4, 5, 6, 7*
- ii. Quantity of waste (category wise) to be handled per month : *Around 10 Kg / Month*

8. **Declaration:**

I do hereby declare that all statements made and information given 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 Kerala State Pollution Control Board in relation to these Rules and to fulfil any conditions stipulated by the Kerala State Pollution Control Board.

Date :

Signature of Applicant :

Place :

Designation of the Applicant :