

**Bio-Medical Waste ( Management & Handling) Rules,1998**

**FORM I**

**(See rule 8)**

**APPLICATION FOR AUTHORISATION/RENEWAL OF AUTHORISATION  
(To be submitted in duplicate)**

**To,**

**The Prescribed Authority**

(Name of the State Govt. /UT Administration)

Address.

**Member Secretary**

**Tripura State Pollution Control Board**

**Vigyan Bhawan.Gorkhabasti,**

**Agartala,Tripura West ,PIN- 799006**

**1.Particulars of Applicant**

(i) Name of the Applicant  
(in block letters & in full)

(ii) Name of the Institution:

Address:

Tele 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