



DELHI POLLUTION CONTROL COMMITTEE
4TH FLOOR, ISBT BUILDING, KASHMERE GATE, DELHI-110006

visit us at <http://dpccocmms.nic.in>

FORM II

(See Rule 10)

APPLICATION FOR AUTHORIZATION OR RENEWAL OF AUTHORISATION
(To be submitted by occupier of Health Care Facility or Common Bio-Medical Waste Treatment Facility)

To
The Member Secretary,
Delhi Pollution Control Committee

1	Particulars of the applicant:					
i)	Name of the applicant	:	[REDACTED]			
	Designation	:	[REDACTED]			
ii)	Name of the HCF or CBWTF	:	[REDACTED]			
	Address for correspondence	:	[REDACTED]			
	Phone No	:	-			
	Mobile No.	:	[REDACTED]			
	E-mail Id	:	[REDACTED]			
	District/Pin Code	:	[REDACTED]			
	City	:	[REDACTED]			
	Bank Name	:	[REDACTED]			
	Bank Address	:	[REDACTED]			
	Account Number	:	[REDACTED]			
	IFSC Code	:	[REDACTED]			
	GSTN Number	:	[REDACTED]			
2	Activity for which authorisation is sought:					
	Generation, segregation, Collection, Storage					
3 i)	Authorization Applied For :	:	[REDACTED]			
3 ii)	Previous Authorization Details :	:	[REDACTED]			
	Date of Application for BMWA		BMWA Type	Authorisation No	Issued date	Valid date
	[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
iii)	Applied for CTE/CTO-latest consent type, issued date and validity date		:	[REDACTED]		
iv)	GPS Coordinates- Lat/Lon of the applicant facility(6 decimals)		:	[REDACTED]		
			:	[REDACTED]		

4 i)	BMW Facility Type	:	[REDACTED]
ii)	BMW Facility Status	:	[REDACTED]
iii)	Address of the location of Health Care Facility or CBMWTF	:	[REDACTED]
iv)	Name of the CBWTF who is lifting the waste	:	[REDACTED]
v)	CBMWTF-Office and location address of treatment and disposal	:	[REDACTED]
5)	Details of HCF		
i)	Medical Treatment Facility provided to Outpatients	:	[REDACTED]
ii)	Medical Treatment Facility provided to Inpatients	:	[REDACTED]
iii)	No of Beds	:	[REDACTED]
iv)	Total number of patients treated per month by the HCF	:	[REDACTED]
vii)	Status Of Laundry Existance	:	[REDACTED]
viii)	Wheher the HCF is located in sewer area	:	[REDACTED]
ix.	Valid Upto	:	[REDACTED]
x)	Quantity of BMW handled, treated or disposed:		
	Category	Type of Waste	Quantity Generated or collected in Kg/day
	Yellow	a) Human Anatomical Waste	[REDACTED]
		b) Animal Anatomical Waste	[REDACTED]
		c) Soiled Waste	[REDACTED]
		d)Expired or Discarded Medicines	[REDACTED]
		e)Chemical Solid Waste	[REDACTED]
		f) Chemical Liquid Waste	[REDACTED]
		g)Discarded linen, mattresses, beddings contaminated with blood or body fluid	[REDACTED]
		h) Microbiology, Biotechnology and other clinical laboratory waste	[REDACTED]
	Red	Contaminated waste (Recyclable)	[REDACTED]
	White(Translucent)	Waste sharps including Metals	[REDACTED]

	Blue	Glassware		
		Metallic Body Implants		
		Total		
6i)	Mode of Transportation of BMW			: Common Facility Vehicle
ii)	Details of Treatment equipments available:			
	Sl No	Treatment equipment	No of units	Type and Capacity of each unit
	1	Incinerators		
	2	Plasma Pyrolysis		
	3	Autoclaves		
	4	Microwave		
	5	Hydroclave		
	6	Shredders		
	7	Needle tip cutter or destroyer		
	8	Sharp encapsulation or Concrete pit		
	9	Deep burial pits		
	10	Chemical disinfection		
	11	Any other treatment equipment		
7	Contingency Plan of CBWTF (Attach Documents)			:
8	Details of directions or notices or legal actions if any during the period of earlier authorisation			:
9	Declaration			
	<p>I do hereby declare that the statements made and information given above is true to the best of my knowledge and belief and that I have not concealed any information.</p> <p>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.</p>			

Note: HCF having 50 or more beds ETP, STP is necessary.

Date: [REDACTED]

Place :

Signature of the applicant
Name and Designation

Enclosures:

1. Copy of Pan card
2. Copy of DMC Registration
3. Copy of Agreement with Operator of a Facility Transporter of the Bio Medical Waste

4. Adhar Card
5. Undertaking in prescribed format duly signed by applicant/HCF which are not generating any type of Bio medical waste
6. Copy of Authorization in case of Renewal