FORM - II

(See rule10)

APPLICATION FOR AUTHORISATION OR RENEWAL OF AUTHORISATION

(To be submitted by occupier of health care facility or common bio-medical waste treatment facility)

To

The Prescribed Authority

(Name of the State or UT Administration)
Address.

1. Particulars of Applicant:

(i) Name of the Applicant: **Dr. Keyur Desai.**
(In block letters & in full)

(ii) Name of the health care facility (HCF) or common bio-medical waste treatment facility (CBWTF) : **Community Health Centre**

(iii) Address for correspondence: **At Post Dadra, Zariya Mora, D & N H - 396193**

Tele No., Fax No.: **0260-2668228**
(v) Email: **phcdadra@gmail.com**

(vi) Website Address: **NA**

2. Activity for which authorisation is sought:

Activity √	Please tick
Generation, segregation	√
Collection,	√
Storage	√
packaging	
Reception	√
Transportation	
Treatment or processing or conversion	
Recycling	
Disposal or destruction	
use	
offering for sale, transfer	
Any other form of handling	

3. Application for □ fresh or □ renewal of authorisation (please tick whatever is applicable):

(i) Applied for CTO/CTE Yes/No

(ii) In case of renewal previous authorisation number and date:
-109, Dated 30-01-2017

(iii) Status of Consents:

(a) under the Water (Prevention and Control of Pollution) Act, 1974

(b) under the Air (Prevention and Control of Pollution) Act, 1981:

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4. (i) Address of the health care facility (HCF) or common bio-medical waste treatment facility (CBWTF): **M/s Envision Engg. Pvt. Ltd., 208, G, Tower Shakeshwar Complex, above Girish Appt. Opp of Hospital Sagrampura – Surat – 359002, Gujarat**

(ii) GPS coordinates of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF): **NA**

5. Details of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF):

(i) Number of beds of HCF: 30

(ii) Number of patients treated per month by HCF: **60-70**

(iii) Number healthcare facilities covered by CBMWTF: **NA**

(iv) No of beds covered by CBMWTF: 30

(v) Installed treatment and disposal capacity of CBMWTF: **NA** Kg per day

(vi) Quantity of biomedical waste treated or disposed by CBMWTF: **NA** Kg/ day

(vii) Area or distance covered by CBMWTF: **NA**
(pl. attach map a map with GPS locations of CBMWTF and area of coverage)

(viii) Quantity of Biomedical waste handled, treated or disposed:

Category	Type of Waste	Quantity Generated or Collected, kg/day	Method of Treatment and Disposal (Refer Schedule-I)
(1)	(2)	(3)	(4)
Yellow	(a) Human Anatomical Waste:	1.20 Kg	
	(b)Animal Anatomical Waste :		
	© Soiled Waste:		
	(d) Expired or Discarded Medicines:		
	(e) Chemical Solid Waste:		
	(f) Chemical Liquid Waste :		
	(g) Discarded linen, mattresses, beddings contaminated with blood or body fluid.	NIL	
	(h) Microbiology, Biotechnology and other clinical laboratory waste:	NIL	
Red	Contaminated Waste (Recyclable)	1.55 Kg	
White (Translucent)	Waste sharps including Metals:	0.12 Kg	
Blue	Glassware:		
	Metallic Body Implants		

6. Brief description of arrangements for handling of biomedical waste (attach details):

(i) Mode of transportation (if any) of bio-medical waste: **NA**

(ii) Details of treatment equipment (please give details such as the number, type & capacity of each unit)

	No of units	Capacity of each unit
Incinerators:		
Plasma		
Pyrolysis:		
Autoclaves:		
Microwave:		
Hydroclave:		
Shredder:		
Needle tip cutter or destroyer		
Sharps encapsulation or concrete pit:		
Deep burial pits:		
Chemical disinfection: Any other treatment equipment:		

7. Contingency plan of common bio-medical waste treatment facility (CBWTF)(attach documents): **NA**
8. Details of directions or notices or legal actions if any during the period of earlier authorization : **NA**

9. 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 : 01-05-2018

Place : DADRA

Signature of the Applicant

Designation of the Applicant

MEDICAL OFFICER I/C.
COMMUNITY HEALTH CENTRE, DADRA