APPENDIX 'D'

FORM I
(See Rule 8)
APPLICATION FOR AUTHORISATION / RENEWAL OF AUTHORISATION
(To be submitted in duplicate)

To
The Prescribed Authority
(DGAFMS)-
Address:

(Through proper channel)

1. Particulars of Applicant
   (i) Name of the Applicant:
   (ii) Name of the Institution:
       Address:
       Tele No., Fax No., Telex No.

2. Activity for which authorisation 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 authorisation or for renewal:
   (In case of renewal previous authorisation-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 (if 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 1) 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