



Form I

[See Rule 8 of the Biomedical Waste Rules, 1998]

APPLICATION FOR AUTHORISATION/RENEWAL OF AUTHORISATION

(To be submitted in duplicate)

To

The Member Secretary,
Kerala State Pollution Control Board,
Plamood, Pattom,
Thiruvananthapuram, 695 004.

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 :
 - 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 : Fresh / Renewal
(In case of renewal previous
authorisation number and date)
4.
 - i. Address of the institution
handling biomedical 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 the biomedical waste :
 - ii. Mode(s) of treatment :
6. Brief description of method of
treatment and disposal (attach details) :
7.
 - i. Category (see Schedule I) of
the waste to be handled :
 - ii. Quantity of waste (category wise)
to be handled per 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



FORM II
(See Rule 10)

ANNUAL REPORT

(To be submitted to the prescribed authority by 31 January every year)

1. Particulars of the applicant
 - i. Name of the authorised person :
occupier/operator)
 - ii. Name of the institution :
Address :
Telephone No. :
Fax. No. :
2. Categories of waste generated and :
quantity on a monthly average basis
3. Brief details of treatment facility :
4. In case of off site facility
 - (a) Name of the operator :
 - (b) Name and address of facility :
Telephone No. :
Fax No. :
5. Category wise quantity of waste treated :
6. Mode of treatment with details :
7. Any other information :

Certified that the above report is for the period from

Date:
Place:

Signature:
Designation:



FORM III
(See Rule 12)

ACCIDENT REPORTING

1. Date and time of accident :
2. Sequence of events leading to accident :
3. The waste involved in accident :
4. Assessment of the effects of the accidents :
on human health and the environment
5. Emergency measures taken :
6. Steps taken to alleviate :
the effects of accident
7. Steps taken to prevent the recurrence of such an accident:

Date:
Place:

Signature:
Designation:



FORM V
(See rule 13)

**Application For Appeal Against Order Passed By The Prescribed Authority
At District Level Or Regional Office Of
The Pollution Control Board Acting As Prescribed Authority
Or The State/Union Territory Level Authority.**

1. Name and address
of the person applying for appeal :
2. Number, date of order and address :
of the authority which
passed order against which
appeal is being made
(certified copy of order to be attached)
3. Ground on which
the appeal is being made :
4. List of enclosures other than :
the order referred in Para 2
against which appeal is being filed.

Date:

Signature:
Name and address: