

**FORM – III**  
**(See rule 10)**

**AUTHORISATION**

(Authorisation for operating a facility for generation, collection, reception, treatment, storage, transport and disposal of biomedical wastes)

1. File number of authorisation and date of issue.....
  
2. M/s \_\_\_\_\_ an occupier or operator of the facility located at \_\_\_\_\_ is hereby granted an authorisation for;  
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. M/s \_\_\_\_\_ is hereby authorized for handling of biomedical waste as per the capacity given below;
  - i) Number of beds of HCF: \_\_\_\_\_
  - ii) Number healthcare facilities covered by CBMWTF: \_\_\_\_\_
  - iii) Installed treatment and disposal capacity: \_\_\_\_\_ Kg/day.
  - iv) Area or distance covered by CBMWTF: \_\_\_\_\_
  - v) Quantity of Biomedical waste handled, treated or disposed:

| Type of Waste Category | Quantity permitted for Handling |
|------------------------|---------------------------------|
| Yellow                 |                                 |
| Red                    |                                 |
| White (Translucent)    |                                 |
| Blue                   |                                 |
  
4. This authorisation shall be in force for a period of ..... Years from the date of issue.
  
5. This authorisation is subject to the conditions stated below and to such other conditions as may be specified in the rules for the time being in force under the Environment (Protection) Act, 1986.

Date :.....

Signature :.....

Place :.....

Designation :.....