

**FORM II**  
**(See Rule 10)**

**APPLICATION FOR AUTHORIZATION OR RENEWEL OF AUTHORISATION**

(To be submitted by occupier of Health Care Facility or Common Bio-Medical Waste Treatment Facility)

**To**

**Application No. : 3810349**

The Member Secretary,  
West Bengal Pollution Control Board  
Paribesh Bhawan, 10A, Block-LA, Sector-III, Bidhannagar, Kolkata-700106. Fax-432740

1	<b>Particulars of the applicant:</b>	
i)	Name of the Applicant	: PUJA MAITRA
	Designation	: BMOH
ii)	Name of the Institution	: FULIA BPHC
iii)	Address for correspondence	: FULIA BPHC FULIA COLONY SANTIPUR NADIA
iv)	Tele No	: 0-0
v)	Mobile No.	: 9333414373
vi)	E-mail Id	: bpmusanti@gmail.com
2	<b>Activity for which authorisation is sought:</b>	
	Collection	
3 i)	<b>Authorization now Applied For :</b>	: Fresh
3 ii)	<b>Previous Authorization Details :</b>	
iii)	<b>Status of CTE/CTO-latest consent type, issued date and validity date</b>	: New Apply
iv)	<b>GPS Coordinates- Lat/Lon of the location of applicant facility(In decimal degress with 6 decimals)</b>	Latitude: 23.230801 (N Decimal degrees)
		Longitude: 23.230801 (E Decimal degrees)
4 i)	<b>BMW Facility Type</b>	: CBMWTF
ii)	<b>Health Care Facility Category</b>	: On bed capacities of health care establishments providing service to indoor patients
iii)	<b>BMW Facility Status</b>	: CBMWTF-Common Facility
iv)	Address of the location of Health Care Facility or CBMWTF	: FULIA BPHC FULIA COLONY SANTIPUR NADIA
v)	CBMWTF-Office and location address of treatment and disposal	: /
5)	<b>Details of CBMWTF:</b>	
i)	No of HCFs covered by the CBMWTF	: 1
ii)	No of beds covered by the CBMWTF	: 30
iii)	Installed treatment and disposal capacity of CBMWTF	: 30 Kg/day

iv)	Quantity of BMW treated or disposed by CBMWTF	:	25 Kg/day
v)	Jurisdictional area and distance covered by the CBMWTF	:	
vi)	Contingency (future upgradation) plan of CBMWTF	:	
vii)	<b>Quantity of BMW handled, treated or disposed:</b>		
	<b>Category</b>	<b>Type of Waste</b>	<b>Quantity Generated or collected in Kg/day</b>
	Yellow	a) Human Anatomical Waste	2
		b) Animal Anatomical Waste	
		c) 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	
		h) Microbiology, Biotechnology and other clinical laboratory waste	
	Red	Contaminated waste (Recyclable)	2.5
	White( Translucent)	Waste sharps including Metals	1
	Blue	Glassware	2.5
		Metallic Body Implants	
		Total	8 Kg/Day
6i)	<b>Mode of Transportation of BMW</b>	:	Self Vehicle
ii)	<b>Details of Treatment equipments available for treatment of BMW:</b>		

	Sl No	Treatment equipment	No of units	Type and capacity of each unit	Height of Stack
	1	Autoclaves	1	No. of (Vertical Autoclaves) - 2	
	2	Microwave			
	3	Hydroclave			
	4	Shredders			
	5	Needle tip cutter or destroyer	3	1. Labour Room 2. Emergency 3. Labortary Service	
	6	Sharp encapsulation or Concrete pit			
	7	Deep burial pits	2	3 Kg per day in each pit	
	8	Chemical disinfection	3	1. Labour Room 2. Emergency 3. Labortary Service	
	9	Any other treatment equipment			
	10	Incinerators			
	11	Plasma Pyrolysis			
7	<b>Details of directions or notices or legal actions if any during the period of earlier authorisation</b>			:	NA
8	<b>Declaration</b>				
	<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 fulfil any conditions stipulated by the prescribed Authority.</p>				

**Date: 24/05/2023**

**Signature of the applicant**  
**Name and Designation**

**Enclosures:**

1. Agreement with CBWTF
2. CTE Certificate
3. CTO Certificate
4. FULIA BPHC DECLARATION COPY
5. Consent to Operate (CO) previous copy
6. Common Application Form Preview