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

The Regional Director,
Pollution Control Committee,JAMMU & KASHMIR

Sir,

I/We hereby, apply for obtaining,

I. Authorization/renewal of authorization under BioMedical Wastes Rules,2016-EoDB reg.

1	**Particulars of the applicant:**		
i)	Name of the applicant	:	Harbinder Singh
	Designation	:	OWNER
ii)	Name of the Institution	:	National Hospital
	Address for correspondence	:	Airport Road Karan Bagh Jammu, Jammu, 181101
	Landline phone No	:	9469-469469
	Mobile No.	:	9469469469
	E-mail Id	:	harbinder1516@gmail.com
	Application No	:	6522017
2	**Activity for which authorisation is sought:**		
	Generation, segregation,Collection,Storage,Packaging,Treatment or processing or conversion,Disposal or destruction use		
3 i)	**Authorization now Applied For :**	:	Renewal
3 ii)	**Previous Authorization Details :**		

Date of Application for BMWA	BMWA Type	Authorisation No	Issued date	Valid date
15/10/2020	Renewal	1691124	16/09/2021	28/02/2027

iii)	**Status of CTE/CTO-latest consent type, issued date and validity date**	:	CTO (Expansion) 20/06/2025 to 30/06/2026
iv)	**GPS Coordinates- Lat/Lon of the location of applicant facility(In decimal degress with 6 decimals)**		Latitude: (N Decimal degrees)
			Longitude: (E Decimal degrees)
4 i)	**BMW Facility Type**	:	HCF
ii)	**BMW Facility Status**	:	HCF-Common Facility Member

iii)	Address of the location of Health Care Facility or CBMWTF	:	Airport Road Karan Bagh Jammu, Jammu, 181101
iv)	CBMWTF-Office and location address of treatment and disposal	:	M/s Anmol Health Care, Village Rakh Rara Samba, (J&K) Jammu Province / M/s Anmol Health Care, Village Rakh Rara, Samba (Jammu Province)
5)	Details of HCF		
i)	Medical Treatment Facility provided to Outpatients	:	42
ii)	Medical Treatment Facility provided to Inpatients	:	10
iii)	No of Beds	:	42
iv)	For Non bedded Hospital (Specify)	:	
v)	Total number of inpatients & outpatients treated per month in the HCF	:	1300
vii)	**Quantity of BMW handled, treated or disposed:**		

Category	**Type of Waste**	**Quantity Generated or collected in Kg/day**	**Method of Treatment and Disposal as per Schedule-I**
Yellow	a) Human Anatomical Waste	1	Incineration
	b) Animal Anatomical Waste	0	Incineration
	c) Soiled Waste	0.5	Incineration
	d)Expired or Discarded Medicines	1	Incineration
	e)Chemical Solid Waste	1	Incineration
	f) Chemical Liquid Waste	1.5	Onsite ETP to treat and conform to the discharge standards
	g)Discarded linen, mattresses, beddings contaminated with blood or body fluid	0.5	Disinfection followed by Incineration
	h) Microbiology, Biotechnology and other clinical laboratory waste	0	Sterilisation followed by Incineration
Red	Contaminated waste (Recyclable)	0.5	Autoclaving followed by shredding. Treated waste to be sent to Authorised recyclers or for energy recovery or plastic to Diesel or fuel oil or for road making
White(Translucent)	Waste sharps including Metals	0.5	Autoclaving followed by shredding. Treated waste to be sent to Iron foundries or sanitary landfill or designated concrete waste sharp pit.

	Blue	Glassware	0.5	Disinfection or Autoclaving or microwaving or hydroclaving and then sent for recycling
		Metallic Body Implants	0.25	
		Total	7.25 Kg/Day	

6i)	**Mode of Transportation of BMW**	:	Common Facility Vehicle

ii) **Details of Treatment equipments available for treatment of BMW:**

Sl No	**Treatment equipment**	**No of units**	**Type and capacity of each unit**
1	Incinerators	0	
2	Plasma Pyrolysis	0	
3	Autoclaves	2	
4	Microwave	0	
5	Hydroclave	0	
5	Hydroclave	0	
6	Shredders	0	
7	Needle tip cutter or destroyer	3	
8	Sharp encapsulation or Concrete pit	0	
9	Deep burial pits	0	
10	Chemical disinfection	0	
11	Any other treatment equipment	1	

7	**Details of directions or notices or legal actions if any during the period of earlier authorisation**	:	

8 **Declaration**

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.

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.

Date: 06/06/2026

Signature of the applicant

Name and Designation

Enclosures:

1. Valid MoU with common Bio-Medical Waste Treatment Facility along with lifting certificate
2. Copy of Previous Authorization
3. Annual Report in Form-IV

4. Registration Certificate from Director, Health Services and Registration Certificate from JK State Dental council, Director ISM, Director, Animal Husbandry, whichever is applicable