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 Member Secretary,

State Pollution Control Board,JHARKHAND

1	**Particulars of the applicant:**		
i)	Name of the applicant	:	SRI SUMAN KUMAR NBCC (India) Ltd
	Designation	:	GENERAL MANAGER
ii)	Name of the Institution	:	AIIMS DEOGHAR
	Address for correspondence	:	VILLAGE-UTIMPUR, SULTANPUR, RAMPUR
	Landline phone No	:	91-9470590052
	Mobile No.	:	9470590052
	E-mail Id	:	aiimsdeoghar2026@gmail.com
2	**Activity for which authorisation is sought:**		
	Generation, segregation,Collection,Storage,Reception,Transportation,Treatment or processing or conversion,Disposal or destruction use,Any Other Form Of Handling		
3 i)	**Authorization now Applied For :**	:	Fresh
3 ii)	**Previous Authorization Details :**		
iii)	**Status of CTE/CTO-latest consent type, issued date and validity date**	:	Ref No. JSPCB/HO/RNC/CTO-25003202/2026/828 Issue Dated : 2026-06-12 Valid For - 31-03-2027
iv)	**GPS Coordinates- Lat/Lon of the location of applicant facility(In decimal degress with 6 decimals)**		Latitude: 24°26'10" (N Decimal degrees)
			Longitude: 24°26'10" (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	:	VILLAGE-UTIMPUR, SULTANPUR, RAMPUR
iv)	CBMWTF-Office and location address of treatment and disposal	:	M/S PRAKRITI WASTE MANAGEMENT / M/S PRAKRITI WASTE MANAGEMENT, Mauza- Ambatari ,Thana – Rikhiya, District – Deoghar.
5)	Details of HCF		
i)	Medical Treatment Facility provided to Outpatients	:	1365

ii)	Medical Treatment Facility provided to Inpatients	:	325
iii)	No of Beds	:	750
iv)	For Non bedded Hospital (Specify)	:	
v)	Total number of inpatients & outpatients treated per month in the HCF	:	1900

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	22.60	Incineration
	b) Animal Anatomical Waste	00	Incineration
	c) Soiled Waste	7.50	Incineration
	d)Expired or Discarded Medicines	5.60	Incineration
	e)Chemical Solid Waste	8.50	Incineration
	f) Chemical Liquid Waste	7.50	Onsite ETP to treat and conform to the discharge standards
	g)Discarded linen, mattresses, beddings contaminated with blood or body fluid	18.50	Disinfection followed by Incineration
	h) Microbiology, Biotechnology and other clinical laboratory waste	5.60	Sterilisation followed by Incineration
Red	Contaminated waste (Recyclable)	00	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	6.30	Autoclaving followed by shredding. Treated waste to be sent to Iron foundries or sanitary landfill or designated concrete waste sharp pit.
Blue	Glassware	2.50	Disinfection or Autoclaving or microwaving or hydroclaving and then sent for recycling
	Metallic Body Implants	00	
	Total	84.60 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		
2	Plasma Pyrolysis		
3	Autoclaves		
4	Microwave		
5	Hydroclave		
5	Hydroclave		
6	Shredders		
7	Needle tip cutter or destroyer	05	
8	Sharp encapsulation or Concrete pit	05	
9	Deep burial pits	05	
10	Chemical disinfection	05	
11	Any other treatment equipment	10	

7	**Details of directions or notices or legal actions if any during the period of earlier authorisation**	:	NA
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: 27/09/2026

Signature of the applicant

Name and Designation

Enclosures:

1. BMW Annual Report (FORM IV)
2. Agreement made with CBWTF
3. Photographs of Established Bar Code System
4. Previous BMW Authorization Certificate with Compliance
5. Detail of effluent treatment plant with design if applicable
6. Clinical Establishment Certificate
7. Photo of Storage Location of Segregated Bio Medical Waste
8. Details of Bio-Medical Waste Picked and Received & Copy of log book w.r.t. the same.