

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,
Goa State Pollution Control Board
Dempo Towers, 1st Floor, Patto Plaza,
Panaji-Goa. Fax-432740

1	Particulars of the applicant:			
i)	Name of the Applicant	:	Manish Trivedi	
	Designation	:	Unit Head	
ii)	Name of the Institution	:	Manipal Hospital	
iii)	Address for correspondence	:	264/1 Dr.E.Borges Road,Dona Paula Goa	
iv)	Tele No	:	0832-6632500	
v)	Mobile No.	:	9975159992	
vi)	E-mail Id	:		
2	Activity for which authorisation is sought:			
	Generation, segregation,Collection,Storage,Packaging			
3 i)	Authorization now Applied For :	:	Renewal	
3 ii)	Previous Authorization Details :	:		
	Date of Application for BMWA	BMWA Type	Authorisation No	Issued date
	04/01/2021	Renewal	13/803/19-PCB/21570	28/03/2019
				Valid date
				27/03/2021
iii)	Status of CTE/CTO-latest consent type, issued date and validity date	:	Authorization No.12/2019-PCB/346944/R0002732 Issued Date : 17/03/2020 Valid Date : 20/12/2024	
iv)	GPS Coordinates- Lat/Lon of the location of applicant facility(In decimal degress with 6 decimals)	:	Latitude: 15.460006 (N Decimal degrees)	
		:	Longitude: 15.460006 (E Decimal degrees)	
4 i)	BMW Facility Type	:	HCF, Private, Bedded Hospital and Nursing Homes	
ii)	Health Care Facility Category	:	On bed capacities of health care establishments providing service to indoor patients	
iii)	BMW Facility Status	:	HCF-Common Facility Member	
iv)	Address of the location of Health Care Facility or CBMWTF	:	264/1 Dr.E.Borges Road,Dona Paula Goa	

v)	CBMWTF-Office and location address of treatment and disposal	:	GHMS Pvt Ltd. M-48,Housing Board Colony, Near Maruti Temple, Alto Porvorim Goa. / GHMS Pvt Ltd. M-48,Housing Board Colony, Near Maruti Temple, Alto Porvorim Goa.	
5)	Details of HCF			
i)	Medical Treatment Facility provided to Outpatients	:	140	
ii)	Medical Treatment Facility provided to Inpatients	:	70	
iii)	No of Beds	:	280	
iv)	For Non bedded Hospital (Specify)	:	NA	
v)	Total number of inpatients & outpatients treated per month in the HCF	:	6300	
vii)	Quantity of BMW handled, treated or disposed:			
	Catego ry	Type of Waste	Quantity Generated or collected in Kg/day	Method of Treatment and Disposal as per Schedule-I
	Yellow	a) Human Anatomical Waste	0.5	Incineration
		b) Animal Anatomical Waste	0	Incineration
		c) Soiled Waste	20	Incineration
		d)Expired or Discarded Medicines	4	Incineration
		e)Chemical Solid Waste	0	Incineration
		f) Chemical Liquid Waste	6195	Onsite ETP to treat and conform to the discharge standards
		g)Discarded linen, mattresses, beddings contaminated with blood or body fluid	5	Disinfection followed by Incineration
		h) Microbiology, Biotechnology and other clinical laboratory waste	3	Sterilisation followed by Incineration
	Red	Contaminated waste (Recyclable)	62	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	3	Autoclaving followed by shredding. Treated waste to be sent to Iron foundries or sanitary landfill or designated concrete waste sharp pit

	Blue	Glassware	15	Disinfection or Autoclaving or microwaving or hydroclaving and then sent for recycling
		Metallic Body Implants	0.3	Autoclaved and disposed through authorized bio medical waste collector
		Total	6307.80 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	Autoclaves	01	Horizontal Autoclave of 550 liter capacity
	2	Microwave	0	0
	3	Hydroclave	0	0
	4	Shredders	1	100 KG PER DAY
	5	Needle tip cutter or destroyer	5	Variable
	6	Sharp encapsulation or Concrete pit	1	Variable
	7	Deep burial pits	0	0
	8	Chemical disinfection	1	Variable
	9	Any other treatment equipment	0	0
	10	Incinerators	0	0
	11	Plasma Pyrolysis	0	0
7	Details of directions or notices or legal actions if any during the period of earlier authorisation			: NIL
8	Declaration			
	<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: 04/01/2021

Signature of the applicant
Name and Designation

Enclosures: