



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,
Uttarakhand Environment Protection and
Pollution Control Board,
Dehradun

1	Particulars of the applicant:	
i)	Name of the applicant	: REENA DEVI
	Designation	: OWNER
ii)	Name of the Institution	: DERMAIKA MULTISPECIALITY HOSPITAL
	Address for correspondence	: 461/1, KHASRA NO.8, MAUJA SALAWALA, DEHRADUN, UTTARAKHAND
	Landline phone No	: +91-7906900991
	Mobile No.	: 7906900991
	E-mail Id	: Drreenashukla03@gmail.com
2	Activity for which authorisation is sought:	
	Generation, segregation,Collection,Storage,Packaging	
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	: nil
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	: CBWTF-Common Facility
iii)	Name Of CBWTF	: Medical Pollution Control Committee (MPCC)
iv)	Address of the location of Health Care Facility or CBWTF	: 461/1, KHASRA NO.8, MAUJA SALAWALA, DEHRADUN, UTTARAKHAND

v)	CBWTF-Office and location address of treatment and disposal	:	Bhagwanpur Mandawar Roorkee / Bhagwanpur Mandawar Roorkee	
5)	Details of HCF			
i)	Medical Treatment Facility provided to Outpatients	:	10	
ii)	Medical Treatment Facility provided to Inpatients	:	5	
iii)	No of Beds	:	50	
iv)	In case of bedded hospital average occupancy of the hospital annually in %(Percentage)	:		
v)	Occupancy in the Hospital Per Day(in Nos)	:		
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	1.0	Incineration
		b) Animal Anatomical Waste	0	Incineration
		c) Soiled Waste	1.0	Incineration
		d)Expired or Discarded Medicines	0	Incineration
		e)Chemical Solid Waste	1.0	Incineration
		f) Chemical Liquid Waste	1.0	Onsite ETP to treat and conform to the discharge standards
		g)Discarded linen, mattresses, beddings contaminated with blood or body fluid	1.0	Disinfection followed by Incineration
		h) Microbiology, Biotechnology and other clinical laboratory waste	0.5	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	1	Autoclaving followed by shredding. Treated waste to be sent to Iron foundries or sanitary landfill or designated concrete waste sharp pit.
	Blue	Glassware	0.4	Disinfection or Autoclaving or microwaving or hydroclaving and then sent for recycling
		Metallic Body Implants	0.2	
		Total	6.60 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											
	6	Shredders											
	7	Needle tip cutter or destroyer											
	8	Sharp encapsulation or Concrete pit											
	9	Deep burial pits											
	10	Chemical disinfection											
	11	Any other treatment equipment											
7	Details of directions or notices or legal actions if any during the period of earlier authorisation			:	no								
8	Bank Details												
	Bank Name		Branch Name		Draft No./Money Receipt No.			Date		Rupees			
9)	Chimney			:	New								
10(a)	Air Emission Details(Stack Details)												
	Number of Stack	Stack Attached to Plant	Stack Height above ground level (meters)	Height of sample form and multi-platform (meters)	Stack Height above factory room (meters)	Stack Top	Gas Quantity (m³/hr)	Fuel Gas Temperature ('C)	Exit Velocity of The Gas/sec	Plant Capacity	Unit	Stack Draft Type	Material Of Construction Of Stack
10(b)	Air Emission Details(Flue Gas Emission Details)												

	Stack Attached To Plant	Fuel Name	Fuel Consumption Quantity	Unit	Caloric Value	Ash Contents (%)	Sulphur Contents (%)	Others	Type of Firing	Quantity of gas	So ₂	Co ₂	No ₂	C O/ H C	C O/ N Ox	Analysis of vent hydrocarbons	particulars	others	
10(c)	Air Emission Details(Air Pollution Control Equipment Details)																		
	Stack Attached To Plant	Equipment Name	Existing or Proposed	Equipment Size	No. of Equipments	Status	For which Pollutant	Date of Installation	Particulate Analysis	Unit	Chemical Analysis	Is there sufficient space available for installing air pollution control equipment							
10(d)	Air Emission Details(Climatological And Meteorologic Details)																		
	Climate Condition			Rain Fall (yearly average)			Temperature('C)			Information on Speed and Direction of Wind			Humidity And Solar Radiation						
11(a)	Water Emission Details(Water Consumption Details)																		
	Source Consumption									Quantity (KL/D)									
11(b)	Water Emission Details(Water Effluent Generation Details)																		
	Generation									Waste Water Generation Quantity (KI/D)									
11(c)	Water Emission Details(Solid Waste Details)																		
	Nature of Waste			Approximate Composition			Total Quantity(per day)			Hazardous			Mode of Disposal						
11(d)	Water Emission Details(Material Details)																		
	Material				Material Details				Name				Weight						
11(e)	Water Emission Details(Fuel Consumption)																		

	Fuel	Consumption(tpd/kld)	Use
11(f)	Water Emission Details(Effluent(Treated) Disposal Details)		
	Name	Status(Already Made)	Status(Proposed To)
11(g)	Water Emission Details(Composition of Effluent Details)		
	Name	Effluent before treatment	Effluent after treatment
12	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: 30/05/2026

Signature of the applicant
Name and Designation

Enclosures:

1. Aadhar Card
2. Pancard
3. Electricity Bill
4. Land Documents
5. Bar Code Compliance Report
6. Copy Of Logbook for BMW Disposal
7. Hospital Map
8. Project Report
9. Lab Analysis Report(If Applicable)
10. Application for STP
11. Annual Return Form 2
12. Detail of In house treatment and disposal of BMW
13. ETP/STP Design Details(If applicable)