

INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES

SHEIKHPURA, PATNA – 800014.

(Ph. – 2287631, 2287099; FAX – 2287225; WEBSITE: www.igims.org)

(Authorized authority in the State of Bihar for Collection, Reception, Storage, Transportation, Treatment and disposal of bio-medical waste under Bio-Medical Waste (Management and Handling Rule), 1998)

APPLICATION FOR REGISTRATION

(To be submitted in Duplicate)

(Application Form: Rs.500/-)

1. Particulars of the Applicant

- i. Name of the Applicant: _____
(In block letter & in full)
- ii. Name of the Institution: _____
- Address of the Institution: _____

- Telephone Number: ... _____

- Fax Number: _____
- E - Mail: _____

2. Whether Applicant has obtained authorization under *Bio-Medical Waste (Management and Handling Rule), 1998* with Bihar State Pollution Control Board – Patna ?

YES **NO**

- i. If Yes, mention the Registration No. with Date:
(Please attach photocopy of the authorization)
- ii. Activity for which Authorization is obtained [Please put tick (v) mark in the appropriate column]
- | | |
|--------------------------------|--------------------------|
| (a) Generation | <input type="checkbox"/> |
| (b) Collection | <input type="checkbox"/> |
| (c) Reception | <input type="checkbox"/> |
| (d) Storage | <input type="checkbox"/> |
| (e) Transportation | <input type="checkbox"/> |
| (f) Treatment | <input type="checkbox"/> |
| (g) Disposal | <input type="checkbox"/> |
| (h) Any other form of handling | <input type="checkbox"/> |

3. Type of Health care Unit: _____

(Hospital / Nursing Home / Pathological Laboratory /
Diagnostic Centre / Blood bank / OPD centre /
Vet. Centre & Lab / Any other Type)

4. Number of Beds / Approx. Weight of the waste: _____

5. Category (See Schedule – I of the Rules) of Waste to be treated:

Category of Waste	Quantity of Waste (per month)
Category No. 1	
Category No. 2	
Category No. 3	
Category No. 4	
Category No. 5	
Category No. 6	
Category No. 7	
Category No. 8	
Category No. 9	
Category No. 10	

6. Details of Payment:

An amount equal to four months of charges (i.e. No. of beds x Facility Charges x 30 x 4) will be submitted as a security deposit at the time of registration plus Rs. 500/- (Registration Fee).	Rs.
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Name of the District	Minimum Facility Charges	Remarks
Patna	For Bed System: Rs. 5:60/- per bed per day Min. 20 Beds: Rs. 3, 360/- per Month. On Weight Basis: Rs. 18:75/- per Kg. per day. 4 Kg. Slab: Rs. 2, 250/- per Month. 2 Kg. Slab: Rs. 1, 125/- per Month	If no. of bed is less than 20 (twenty), minimum charges corresponding to 20 beds will be charged irrespective of occupancy. In case of Pathological Laboratory / Diagnostic Centre / Blood bank / Vet. Centre & Lab / Any other Type, if the waste generation is below 4Kg. (Four Kg.) per day, a minimum amount equivalent to 4 Kg. per day will be charged. In case of OPD Centre / Radiological Set Up (Ultrasound, X-Ray etc.), a minimum amount equivalent to 2 Kg. (Two Kg.) per day will be charged. If the no. of beds is above 20 (twenty) or bio-medical waste generation more than 4Kg / 2Kg. (as the case may be), it will be charged on actual basis.
Ara & Rohtash	For Bed System: Rs. 5:60/- per bed per day Min. 20 Beds: Rs. 3, 360/- per Month. On Weight Basis: Rs. 20/- per Kg. per Day 4 Kg. Slab: Rs. 2, 400/- per Month. 2 Kg. Slab: Rs. 1, 200/- per Month	
Nalanda, Buxar & Kaimur	For Bed System: Rs. 5:75/- per bed per day Min. 20 Beds: Rs. 3, 450/- per Month. On Weight Basis: Rs. 20/- per Kg. per Day 4 Kg. Slab: Rs. 2, 400/- per Month. 2 Kg. Slab: Rs. 1, 200/- per Month	

7. **Details of Registration Fee:** Rs. _____ /- (Rs. _____)
 (Registration fee is to be submitted in way of Demand Draft favouring Director, I.G.I.M.S. – Patna.)

Demand Draft No. _____ Date: _____ Issuing Bank: _____

8. Declaration

I do hereby declare that the statements made and information given above are true to the best of my knowledge and belief and that I have not concealed any information.

I do also hereby undertake to provide further information sought by the Prescribed Authority in relation to these Rules and fulfill any conditions stipulated by the Prescribed Authority under Bio-Medical Waste (Management and Handling Rule), 1998.

Date _____

 (Signature of Applicant)

Place _____

 (Designation of Applicant)

FOR OFFICE USE ONLY:

• **Name and Address of the Applicant:**

• **Registration No.:** **Date:**

• **No. of beds / Weight of the waste:**

• **Amount Submitted:**

• **Demand Draft No.** **Date:**

• **Issuing Bank:**

• **Permission Granted / Not Granted:**

(Signature of the Authorized Official)

NOTE:

1. Each Hospital / Nursing Home / Pathological Laboratory / Diagnostic Centre / Blood bank / OPD Centre / Vet. Centre & Lab / Any other Type shall segregate the bio-medical waste at the point of generation in accordance with the ***Bio-Medical Waste (Management & Handling) Rules- 1998*** and in compliance with the standards prescribed there under.
2. All the Hospital / Nursing Home / Pathological Laboratory / Diagnostic Centre / Blood bank / OPD Centre / Vet. Centre & Lab / Any other type availing the services must obtain the authorization from Bihar State Pollution Control Board for generation and storage of bio-medical waste.
3. Bio-Medical waste is to be sealed in prescribed bags by the Hospital / Nursing Home / Pathological Laboratory / Diagnostic Centre / Blood bank / OPD Centre / Vet. Centre & Lab / Any other and be kept at the designated point in their premises.
4. The representative of the firm will collect the waste for treatment from the designated point every day after taking consent of the Hospital / Nursing Home / Pathological Laboratory / Diagnostic Centre / Blood bank / OPD Centre / Vet. Centre & Lab etc. and obtain the receipt duly signed by the authorized officials of the centre. In case of waste taken on weight basis, total weight of the waste (to be handed over for treatment) must be mentioned.
5. The payment is to be made by the Hospital / Nursing Home / Pathological Laboratory / Diagnostic Centre / Blood bank / OPD Centre / Vet. Centre & Lab etc. on per month basis in way of demand draft favouring Director, Indira Gandhi Institute of Medical Sciences, Patna. Payment towards the services must be made during first week of the each month.
6. All the Hospital / Nursing Home / Pathological Laboratory / Diagnostic Centre / Blood bank / OPD Centre / Vet. Centre & Lab etc. must ensure that bio-medical waste is not stored for treatment for more than 48 hours in their premises. Normally, all the bio- medical waste will be collected for treatment within 24 hours from the Hospital / Nursing Home / Pathological Laboratory / Diagnostic Centre / Blood bank / OPD Centre / Vet. Centre etc.
