



Duly completed form alongwith necessary attachments are to be submitted in single copy

**WEST BENGAL POLLUTION CONTROL BOARD**

Paribesh Bhawan, 10A, Block – LA, Sector III, Salt Lake  
Kolkata – 700 098, INDIA; Ph 335 9088, & Fax : (0091) (33) 335 8073

**Application Form for Consent to Operate for Health Care Establishments**

**Application for Consent to Establish for discharge of effluent, under Section 25 and Section 26 of Water (Prevention and Control of Pollution) Act, 1974 and emission/continuation of emission under Section 21 of the Air (Prevention and Control of Pollution) Act, 1981.**

Date of Submission

From : .....  
.....  
.....  
(Name and Address of the Health Care Unit)

To : The .....  
.....  
.....

Sir,

1. I/We hereby apply in one application form for Consent to Operate (Fresh/Renewal) (i) under sub-section (2) of Section 25 and Section 26 of Water (Prevention and Control of Pollution) Act, 1974 to make discharge from land/premises and (ii) under sub-section (2) of Section 21 of the Air (Prevention and Control of Pollution) Act, 1981 to make emission from health care unit owned by .....  
.....  
for a period upto .....
2. The Annexure, Appendices, other particulars and plans are attached.
3. I/We further declare that the information furnished in the application form and Annexure/Appendices and plans is correct to the best of my /our knowledge.
4. I/We hereby submit that in case of change of either a point or the quantity of discharge or the quantity of emission, a fresh application for consent shall be made and until such consent is granted, no change shall be made.
5. I/We hereby agree to submit to the Board, application for renewal of consent two months in advance of the date of expiry of the consented period, if to be continued thereafter.
6. I/We undertake to furnish any other information within seven days of its being called for by the State Board.
7. I/We enclose herewith UBI Challan of Rs.....(Rupees.....)  
deposited at ..... Branch dated ..... in  
favour of **West Bengal Pollution Control Board** being the ‘Consent to Operate application fee’.

Date (Signature.....)

Seal.....

Name of the applicant .....

Designation .....



Application on behalf of .....

Address of applicant .....

.....

## **PART - A : GENERAL INFORMATION**

01. Name and Address of the Health Care Establishment (in Capital Letters) : .....

.....

Post Office with Pin Code : .....

Police Station : .....

Municipal Corporation/Municipality with Ward No./Panchayet : .....

Telephone Nos. : .....

Telephone Nos. : .....

Fax No. : .....

Power Supplying Agency at working premises : .....

E-mail Address : .....

Web Site Address : .....

02. Name of the Applicant (with designation) on behalf of the Establishment : .....

03. Month and year of commissioning : .....

04. Details regarding the permission obtained from Dept. of Health, Government of West Bengal / CMOH : .....

*(Photocopy of the Certificate certified by the applicant as "True Copy" is to be enclosed)* .....

05. Details regarding the permission obtained from Municipal Corporation/Municipality/Panchayet in the form of Trade License, Trade Fee, etc. : .....

*(Photocopy of the Certificate certified by the applicant as "True Copy" is to be enclosed)* .....

06. Is it a non-profit making charitable organisation ? Yes / No

*If, 'Yes', please provide appropriate documents* .....

.....  
*(name of the document attached)*



07. Type of Health Care Establishment [Put ✓ mark in one box only as applicable]

- Government Hospital : Bed Capacity .....  
(with/without pathological testing facility)
- Government Medical College & Hospital : Bed Capacity .....  
(with/without pathological testing facility)
- Private Hospital (including Hospital cum : Bed Capacity .....  
Research Centre)  
(with/without pathological testing facility)
- Private Nursing Home : Bed Capacity .....
- Private Pathological Laboratory : No. of patients attended per year .....  
[Last 3 years average]
- Government/Private Clinic/Poly Clinic : No. of patients attended per year .....  
[Last 3 years average]
- Blood Bank : Service provided to number of patients per  
year .....  
[Last 3 years average]
- Veterinary Hospital : Service provided per year .....  
[Last 3 years average]
- Others (Please specify) : .....
- .....

## **PART-B : INFORMATION REQUIRED IN CONNECTION WITH PREVENTION AND CONTROL OF WATER POLLUTION**

08. Water consumption
- (A) Sources of Water Supply : .....  
Municipal Supply/Tubewell/Well/Others  
(Please Specify)
- (B) Quantity of proposed water consumed per : ..... Litres/day  
day
09. Generation of liquid waste
- (A) Quantity of water discharged per day : ..... Litres/day
- (B) Place of disposal of liquid waste : .....
- (C) Treatment facility of liquid waste  Yes  No  
If yes, please give details of the same



## PART - C : INFORMATION REQUIRED IN CONNECTION WITH PREVENTION AND CONTROL OF AIR POLLUTION

### 10. Generation of gaseous waste

Sources	Number with capacity	Air pollution control facilities Present
Incinerator (used as bio-medical waste treatment facility)		
Diesel Generator Set (D.G. Set)		
Others (please specify)		

11. Describe the type of acoustic enclosure/insulation provided to control noise generated from the D.G. Set .....
- [Please attach additional sheet if required]*

## PART - D : INFORMATION REQUIRED IN CONNECTION WITH BIOMEDICAL WASTES

### 12. Biomedical wastes generation and disposal

(A) Quantity of Bio-Medical Waste generated : ..... Kg./month

(B) Mode of disposal of Bio-Medical Waste : .....

*[If disposed through municipal authority, documentary evidence of the same must be enclosed]*

(C) Do you have any facility for

(i) On-site segregation of Bio-Medical Waste  Yes  No

If yes, please give details

*[Please attach additional sheet if required]*

(ii) On-site treatment of Bio-Medical Waste  Yes  No

If yes, please give details

*(Please attach additional sheet if required)*



13. Details regarding “Authorization” as required under the provision of Bio-Medical Wastes (Management and Handling) Rules, 1998. [Put  $\sqrt{\quad}$  mark in one box only as applicable]
- A.  The health care establishment is exempted from obtaining “Authorization” from the West Bengal Pollution Control Board as it is a Clinic/Dispensary/Pathological Laboratory/Blood Bank and it does not provided services to 1000 patients/month or more.
- B.  The health care establishment does not belong to the above category and hence, requires to obtain “Authorization” from the West Bengal Pollution Control Board, but not yet applied for the same.
- C.  The health care establishment possesses “Authorization” from the West Bengal Pollution Control Board which is valid upto .....
- D.  Validity of the “Authorization” granted by West Bengal Pollution Control Board has expired on ..... OR will expire on ..... and hence applied for renewal of the same on .....
- E.  The health care establishment, for the first time, has applied to the West Bengal Pollution Control Board for “Authorization” on .....
- F.  The health care establishment had applied to the West Bengal Pollution Control Board for “Authorization” on ..... which has been denied.
14. Any other relevant information (*additional sheet may be attached, if required*).

Seal

Signature of Applicant.....

**Check-list of accompaniments** : [ Please put tick mark ( $\sqrt{\quad}$ ) as applicable]

- The THIRD PART of the challan (in original) as proof of deposition of consent application fee
- Photocopy of the permission from Department of Health, GoWB/CMOH against item no. 04
- Photocopy of the permission from Municipal Corporation/Municipality/Panchayet against item no. 05
- Copy of supporting document for non-profit making charitable organisation against item no. 06
- Copy of supporting document against item no. 07
- Additional sheet against Item No.09 (C)
- Additional sheet against Item No.11
- Additional sheet against Item No.12 (b)
- Additional sheet against Item No.12 (C)
- Additional sheet against Item No.14

Notes :  $\Rightarrow$  All enclosures, documents and analysis reports of Board’s recognised laboratories must be signed/counter-signed by the applicant with official seal.

$\Rightarrow$  All subsequent correction in the application form and enclosures should be signed by the applicant or any person authorised by the applicant.

$\Rightarrow$  The form is to be filled preferably in by typewriting or legible hand writing