



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 Establish’ 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 the application form for ‘Consent to Establish’ for both (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 a proposed health care unit owned by
2. I/We hereby declare that the information furnished in this form and in the attached documents are correct to the best of my/our knowledge.
3. I/We hereby submit that in case of change of either a point or the quantity of discharge or its quality, or the quantity of emission or its quality, a fresh application for Consent shall be made by me/us, and until such consent is granted, no change shall be made.
4. I/We hereby agree to submit to the West Bengal Pollution Control Board, application for Consent to Operate one month before commencement of the health care establishment.
5. I/We undertake to provide any other information within one month of its being called for by the West Bengal Pollution Control Board
6. 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 Establish 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 proposed Health Care Establishment (in Capital Letters) :
- Post Office with Pin Code :
- Police Station :
- Municipal Corporation/Municipality with Ward No./Panchayet :
- 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. Proposed 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 Same 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
(with/without pathological testing facility)
- Private Pathological Laboratory : No. of patients to be attended per year
(with/without pathological testing facility)
- Government/Private Clinic/Poly Clinic : No. of patients to be attended per year
(with/without pathological testing facility)
- Blood Bank : Service provided to number of patients per
year
- Veterinary Hospital : Service to be provided per year
- 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 proposed water discharged per : Litres/day
day
- (B) Proposed place of disposal of liquid waste :
- (C) Proposed treatment facility of liquid waste Yes No
If yes, please give details of the treatment
facility



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

10. Generation of gaseous waste

Sources	Number with capacity	Proposed air pollution control facility
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 proposed to be 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) Expected quantity of Bio-Medical Waste : Kg./month generation

(B) Proposed mode of disposal of Bio-Medical Waste :
(If disposed through municipal authority, documentary evidence of the same must be enclosed)

(C) Do you propose any facility for
 (i) On-site segregation of Bio-Medical Waste Yes No
 If yes, please give details

(ii) On-site treatment of Bio-Medical Waste Yes No
 If yes, please give details
(Please attach additional sheet if required)



13. Other relevant information, if any :
(Please attach separate sheet if required)

Seal

Signature of Applicant.....

Check-list of accompaniments : [Please put tick mark (√) 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.13

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

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

⇒ The form is to be filled preferably in by typewriting or legible hand writing