

Original
FORM-I

(See Rule 8)

APPLICATION FOR AUTHORISATION / RENEWAL OF AUTHORISATION
(To be submitted in triplicate)

To
The Prescribed Authority
(Name of the State Govt./UT Administration)
Address:

I Particulars of Applicant:

(i) Name of the Applicant: ATMAKURU V RAMAN
(In block letters & in full)
with cell No. 040 - 30612605

(ii) Name of the institution: HYDERABAD EYE INSTITUTE
Address with Phone No. BANSARA HILLS, ROAD NO 2
HYDERABAD - 34

Contact person Name & Cell No.

ANJANA PRATHA

2 Activity for which authorization is sought: MOBILE NO: 98485 98188

- (i) Generation — Yes
(ii) Collection — Yes
(iii) Reception — Yes
(iv) Storage — Yes
(v) Transportation — Not required
(vi) Treatment — Not required
(vii) Disposal — Not required
(viii) Any other form of handling — Not required

3 Please state whether applying for fresh authorization or for renewal: APPCB/BMWA/
(in case of renewal previous authorization number and date) 44028/HYD.

*4 (i) Address of the institution handling bio-medical wastes: Dated: 24/4/2007
(ii) Address of the place of the treatment facility: EDOPALLY VIJAYAPUR
(iii) Address of the place of disposal of the waste: KOTHUR (Mandal)

*5 (i) Mode of transportation (if any) of bio-medical waste: MATRABOO NARAI
(ii) Mode(s) of treatment:

*6 Brief description of method of treatment and disposal (attach details): Incineration

*7 (i) Category (see Schedule 1) of waste to be handled: cat 8 to 10

(ii) Quantity of waste (category-wise) to be handled per month: 60 to 70kg

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 any further information sought by the prescribed authority in relation to these rules and to fulfill any conditions stipulated by the prescribed authority.

Date: 14-09-2016


Place: HYDERABAD

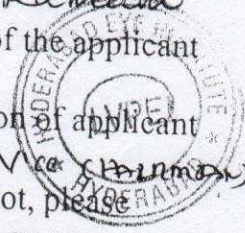
Note: Please indicate whether the facility is available for 4,5 and 6, if not, please give your consent to participate in the common treatment facility on payment basis stack-holder basis.

Details of the HCE

1. Total No. of Beds : 85
2. Name & No. of the Department
3. No. of Operation Theatres - 15
4. No. of Wards (General) - 03
5. No. of special rooms
6. No. of Duty Doctors
7. No. of Consulting Doctors - 39
8. Staff Strength : 719
9. Capacity of Generator : 1010 KVA + 600 KVA
10. Total Capital Cost : Rs. 115.33 CRORES
11. Total area of HCE
12.
 - (i) Built up area : 21208 Sq Mtrs.
 - (ii) Green belt : 3650 Sq Mtrs
 - (iii) Open land : 8410 Sq Mtrs.

Enclose common Waste Treatment facility service certificate (Xerox copies 2 nos)
Enclose previous authorization Xerox copies 2 Nos)


Signature of the applicant

Designation of applicant
Executive Vice (Operations)


Date: 21-09-2016

To,

The Chief Environmental Engineer

TSPCB

Collectorate Office, Nampally,

HYDERABAD.

From:

HYDERABAD EYE INSTITUTE

BANJARA HILLS, ROAD NO:2

HYDERABAD.

Sub: Renewal of Authorization. BMW

We are submitting DD in favor of TSPCB 020352 – 11850/-

TSPCB 020471 – 1500/-

TSPCB 020560 – 100/-

Renewal of Authorization FORM – 2 nos

Previous of Authorization Xerox copy -2 nos

Consent of Authorization order – 2 nos

GJ Multiclave (India) pvt ltd service certificate – 2nos

We here by enclosing all the of copies of BMW

Thanking you

LVPEI