



## 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.

Application No. : 2441608

Date of Submission : 24/07/2022

Category : ORANGE

Industry Type : Health care establishment (as defined in BMW Rules) having waste water generation less than or equal to (= <) 100 KLD and without incinerator

From : SRL LIMITED.

CA/11, Urbashi PH – II, Adda Bengal Ambuja, P.O. & P.S : Durgapur, Dist : Paschim Burdwan, Pin : 713216

(Name and Address of the Health Care Unit)

To : The .....

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1. I/We hereby apply in the application on 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 ASHUTOSH RAGHUVANSHI

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 Challan of Rs. 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 ASHUTOSH RAGHUVANSHI

Designation DIRECTOR

Application on behalf of SRL LIMITED.  
Address of Applicant JD-02,1202,1050/1

## PART - A : GENRAL INFROMATION

01. Name and Address of the proposed Health Care : SRL LIMITED., CA/11, URBASHI PH – II, ADDA  
BENGAL AMBUJA, P.O.& P.S : DURGAPUR, DIST : PASCHIM BURDWAN, PIN : 713216

Establishment(in Capital Letters)

Post Office with Pin Code : DURGAPUR, 713216

Police Station : DURGAPUR

Municipal Corporation/Municipality with Ward No./Panchayet : 22

Telephone No. : 0343-9831606313

Fax No. : -

Power Supplying Agency at working premises : WBSEDCL

E-mail Address : susovan.sircar@srl.in

Web Site Address :

02. Name of the Applicant (with designation) on : ASHUTOSH RAGHUVANSHI, occupier  
behalf of the establishment Designation

03. Proposed month and year of commissioning : February/2018

04. Details regarding the permission obtained from : VALID UPTO 23.03.2018  
dept.of Health, Government of West Bengal/  
CMOH

*(Photocopy of the Certificate certified by the applicant as 'True Copy' is to be enclosed* : *Not Available*

05. Details regarding the permission obtained from : VALID UPTO JULY 2023  
Municipal Corporation/Municipality/Panchayat  
in the form of trade License,Trade Fee,etc.

*(Photocopy of the Same certified by the applicant as 'True Copy' is to be enclosed* : *Not Available*

06. Is it a non-profit making charitable organization? : No

if, 'yes'please provide appropriate document : Not Available

*(name of the document attached)*

07. Type of Health Care Establishment [put tick 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 Center))

*(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 : 10200

(with/without pathological testing facility)

Blood Bank : Service provided to number of patient per year :

Veterinary hospital : Service to be provided per year :

Other(Please specify) : :

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

08. Water consumption

Sources of Water Supply Municipal Supply/Tubewell/Well/Others	Quantity of proposed water consumed per day
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09. Generation of liquid waste

A. Quantity of proposed water discharged per day	B. Proposed place of disposal of liquid waste
0.04	ETP THROUGH MUNICIPAL DRAIN

(C) Proposed treatment facility of liquid waste : Yes, ,

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
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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. Solid Wastes

Type Of Waste	Quantity	Method proposed for Treatment and disposal(Incineration/ landfill/ city pickup/ sale/Any other method)	Composition/Characteristics of Solid waste
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BIOMEDICAL WASTE	60.00 Kilogram/Month	MEDICARE	BIOMEDICAL WASTE
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**13. Diesel Generator Sets**

- i) No. of DG sets : null
- ii) Capacity of each DG sets : null
- iii) Height of the stack above DG sets : null
- iv) Height of the DG room : null
- v) Noise pollution control measures
  - a) Acoustic enclosure/acoustic treatment of DG room : null
  - b) Exhaust mufflet : null

**14. 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/Panchayat against item no. 05
- Copy of supporting document for non-profit making charitable organization 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

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- Notes: => All enclosures, documents and analysis reports of Board's recognized 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.