Reg. No. G-2/RNP/GOA/32/2015-2017

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Panaji, 9th June, 2016 (Jyaistha 19, 1938)

SERIES I No. 10

OFFICIAL GAZETTE

GOVERNMENT OF GOA

PUBLISHED BY AUTHORITY

INDEX

GOVERNMENT OF GOA

Department of Animal Husbandry & Veterinary Services

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Notification

14-55/AHVS/16-17/1041

Read: Notification No. 14-55/AHVS/2015-16/ /1183, dated 29-05-2015.

Government is pleased to notify amended scheme to the Notification read above relating to "Pashupalan Scheme" in the Official Gazette, Series I No. 11 dated 11th June, 2015 vide Order No. 14-55/AHVS/2015-16/1183 dated 29-05-2015 as follows:—

Introduction.— The Livestock Economy penetrates sections of rural society both vertically and laterally, supposedly more equitably than land holdings.

Considerably there have been dramatic favorable changes in livestock population and composition over the past five decades, but overall impact on poor has not been much.

Goa has its own Breeding Policy and accordingly animals are to be bred using Jersey semen. However, the local cattle owners find it very difficult to stall-feed their unproductive indigenous cattle. This leads to the animals roaming in the streets looking for grazing patches or feeding from the dustbins as

scavenger cows. Deaths in these cows are reported due to consumption of plastic bags over a period of time, which is total loss to the farmer and the State. Unlike stray dogs, the stray cattle have owners, who due to their own financial circumstances cannot stall feed the unproductive animals, as it is a further burden to their pocket. The promotion of dairy husbandry through crossbreeding of low productive local cattle is therefore to be given priority as most of the villagers own a few cattle. This programme will ensure techno--economic viability and prosperity to the small farmers. Local cattle breeding, was initiated by the Government of Goa in early 70's, but was not popular, due to the high feeding cost during stall feeding.

Considering this scenario, further research and technology transfer are needed in areas of genetic improvement, reproductive efficiency and nutrition and health care, all these areas are equally important to improve the overall quantity and quality of milk production. Genetic improvement in this direction can further promote economic and eco-friendly dairy husbandry, which the small farmers are looking forward for their sustainable livelihood. There should be no limitation to the number of animals covered by individual farmer or organization. The indigenous breeds need to be conserved by breeding with semen of same breed & calves born to be reared scientifically. It is found that the entire cost of rearing of one calf from birth to 27 months is as high as Rs. 52800/- (Rupees fifty two thousand eight hundred only) and general category beneficiaries are getting 50% subsidy which is required to be increased to 75% of the estimated cost of rearing a calf so as to motivate more farmers under Pashupalan Scheme.

Objectives.— The main objectives of the scheme are as follows:

√ To encourage the cross breeding of cows and buffaloes.

√ To encourage rearing of cross-bred calves/ /improved buffalo calves/indigenous breed calves namely Sahiwal, Gir & Red Sindhi, from birth to 27 months.

√ To encourage and uplift the S.C, S.T. & Dhangar community.

√ To improve & sustain the productivity of cattle & buffalo through use of Artificial Insemination practices.

√ To assist the farmer financially in stall feeding the local animals & rearing of the cross-bred calves/improved buffalo calves/ /indigenous breed calves namely Sahiwal, Gir & Red Sindhi.

√ To indirectly reduce the menace of stray cattle.

√ To encourage NGOs/Goshalas/Community Farms & other organizations to take up calf rearing in scientific manner.

√ To conserve the indigenous breeds.

Eligibility:—

➢ All farmers availing the Artificial Insemination Facility for cattle and buffalo and registered with the local Government Veterinary Services.

➢ N.G.Os, Goshalas, Community Farms and other organizations availing the A.I. to cows & buffaloes.

➢ All farmers irrespective of their financial status.

➢ All the farmers having cross-bred female calves/improved buffalo female calves/ /indigenous breed calves namely Sahiwal, Gir & Red Sindhi, either born out of A.I. or calves born to existing cows and buffaloes or bought along with animals under Kamdhenu Scheme or Western Ghat Scheme or Modern Dairy Scheme/purchased locally under any other scheme of the Government.

Expectation on implementation of the Scheme:–

❖This programme will eliminate stray cattle and conserve community or individual paddy field, crops, plantations and forests from being destroyed by grazing of stray cattle.

❖Door to door, service will help them to avail timely services and to develop confidence in adoption of the technology.

❖Promotion of healthy cross-bred cattle/ /improved buffaloes/indigenous breeds of cattle namely Sahiwal, Gir & Red Sindhi.

❖Unproductive local cattle population will be reduced.

❖Non-dependence on neighboring States by beneficiaries for their requirement of crossbred animals under various Government schemes.

❖ Increase in the number of cross-bred cows/improved buffaloes/indigenous breed cows namely Sahiwal, Gir & Red Sindhi, thereby giving a fillip to the yield of milk in Goa.

Procedure.— The scheme consists of three phases. The first phase deals with the Artificial Insemination of Non descript cows and buffaloes. The second phase is the confirmation of pregnancy of inseminated animals and feeding incentives.

The third phase deals with rearing of female calves from birth to 27 months. All the cross bred calves, improved buffalo calves and pure bred calves of indigenous breeds namely Sahiwal, Gir & Red Sindhi shall be included in the scheme.

A. *Phase 1*

(1) The caste certificate if SC/ST/Dhangar is required to be submitted by the beneficiary.

(2) The beneficiary shall submit xerox copy of bank saving account book indicating account number, MICR code and IFSC code.

(3) The beneficiary should register his entire local (non-descript) cattle & buffaloes with the local Veterinary Dispensary or Veterinary Hospital free of cost.

(4) The beneficiary should intimate the local Veterinary Centre whenever the non-descript cow/buffalo exhibits oestrus. On insemination the beneficiary is given an incentive of Rs. 500/- (Rupees five hundred only) per A.I. for 1st A.I. and Rs. 200/- (Rupees two hundred only) for 2nd A.I., which will be directly deposited in his bank account on submission of records by the Veterinary Officer/Assistant Director of the area in Form No. I, and on submission of advance receipt from the beneficiary.

(5) The cow/buffalo has to be kept tied on the day of A.I. and two days subsequent to the heat, so as to avoid natural service by local bull.

(6) The beneficiary is entitled to this benefit only for one A.I. per cycle.

(7) No additional incentives will be given for repeat of A.I. for the same oestrous cycle.

B. *Phase 2*

(Local Cows and Buffaloes)

(1) The Animals under the scheme will be microchipped in the third month after confirmation of pregnancy.

(2) The local Veterinary Doctor will then recommend the case to Head Office for feed incentive in Form II.

(3) On confirmation of pregnancy, the beneficiary is entitled for incentive from the 4th month onward on feed, fodder & miscellaneous expenditure amounting Rs. 2,000/- (Rupees two thousand only) per month, on submission of monthly progress report in Form III by area V.O./A.D.

(4) To avail the benefits of the scheme the beneficiary should keep the animal tied and feed the animal.

5. Feed allowance will be discontinued in case of disposal of the animal, abortion/death of animal and non-stall feeding of animals & malnutrition of animals.

C. *Phase 3*

(*1*) On birth of a female cross-bred calf or improved buffalo female calf, to local cow or local buffalo, an amount of Rs. 4,000/- will be given as incentive to cover the beneficiary's initial financial expenditure on receipt of intimation of birth of female calf in Form No. IV from the beneficiary through the area officer.

(*2*) The calf will be given feed allowance from birth to 27 months.

(*3*) Cross-bred female calves/improved buffalo calves/indigenous breed calves namely Sahiwal, Gir & Red Sindhi born, should be registered immediately on birth at the nearest Veterinary Dispensary/Hospital in Form No. V.

(*4*) Cross-bred female calves/improved buffalo calves/indigenous breed calves namely Sahiwal, Gir & Red Sindhi below one month age bought along with animals under any Departmental Scheme/purchased locally should be registered & can be included in this scheme.

(*5*) The feeding allowance is as follows – calf feeding allowance will be provided to all the calves that have attained the weight of at least 30 kgs at 3 months.

(*6*) Calves under the scheme should gain at least 30 kg per quarter.

(*7*) To avail the benefits of the scheme the beneficiary should keep the animal tied and feed the animal so as to gain a body weight of 30 kgs per quarter.

(*8*) The beneficiary will be provided subsidy @ 75% of the estimated expenditure, thus motivating more farmers to rear the female calves under Pashupalan Scheme.

(*9*) In case of S.C./S.T. & Dhangar Community beneficiary 100% subsidy will be provided.

(*10*) Here below is chart showing estimated expenditure and subsidy component:–

Age of Calf	Estimated expenditure	Subsidy component
1 – 3 months	Rs. 7,500/-	Rs. 5,625/-
4 – 6 months	Rs. 3,500/-	Rs. 2,625/-
7 – 9 months	Rs. 4,500/-	Rs. 3,375/-
10 – 12 months	Rs. 4,500/-	Rs. 3,375/-
13 – 15 months	Rs. 6,400/-	Rs. 4,800/-
16 – 18 months	Rs. 6,400/-	Rs. 4,800/-
19 – 21 months	Rs. 6,400/-	Rs. 4,800/-
22 – 24 months	Rs. 6,400/-	Rs. 4,800/-
25 – 27 months	Rs. 7,200/-	Rs. 5,400/-

Guidelines for release of subsidy.— (*1*) Calf should attain the desired weight as prescribed in the scheme.

(*2*) The Area Assistant Director/ /Veterinary Officer shall submit the quarterly weight gain certificate to the head office for approval as per Annexure "A" for each quarter.

(*3*) Applicant should submit the xerox copy of his/her bank saving account number from any nationalized or co-operative Bank.

(*4*) Subsidy amount will be directly credited to the beneficiary's account after receiving the quarterly weight gain certificate as per Annexure "A" for each quarter.

Target groups.— The target groups under the scheme are the individual farmers, N.G.Os, Goshalas, Community Farms and other organizations owning Non-descript cattle/ /buffalo and cross-bred calves, improved buffalo calves and pure bred calves of Indigenous breeds namely Sahiwal, Gir & Red Sindhi. There shall be no discrimination against any beneficiary since one of the objectives of the scheme is to stop the nuisance of "Stray Cattle," this can be achieved only if all local animals are netted into the scheme irrespective of the financial background of the owner.

ANNEXURE "A"

CERTIFICATE

This is to certify that I have examined on this day ..... of ..... 20..... a female cross-bred/ /improved buffalo/Sahiwal/Gir/Red Sindhi calf belonging to Shri/Smt. ……..……..…… r/o ……..……..……... registered under Regd. No. …… and bearing Microchip No. …….. sanctioned as per the Head Office Order No. …….. dated …… under "Pashupalan Scheme" of the Directorate of Animal Husbandry & Veterinary Services.

The said female cross-bred/improved buffalo/Sahiwal/Gir/Red Sindhi calf has attained a body weight of …… Kgs for the quarter ending ……. months as per the approved pattern of the Pashupalan Scheme.

The eligible subsidy of Rs. ……..…… (Rupees ……..only) may be released to the beneficiary.

His/Her Bank details are:

1. Name of the Bank:
2. Branch:
3. Account Number:
4. MICR Number:
5. IFSC code:
6. ECS code:

It is further certified that, I have personally verified the said records and shall be fully responsible in case of misrepresentation of facts or concealing any information or in case any information is found to be false.

Signature of Vet. Asst.

Date: Signature of the Ext. Officer (AH)

Date: Signature of Assistant Director/Veterinary Officer with Office Stamp

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GOVERNMENT OF GOA

DEPARTMENT OF ANIMAL HUSBANDRY & VETERINARY SERVICES
PASHUSAMVARDHAN BHAVAN, PATTO, PANAJI-GOA

FORM No. I

PASHUPALAN SCHEME

Registration Form

Cross Breeding of Non-descript cows/Non-descript buffalo

(1) Name of the Beneficiary: .....

(2) Address: .....

(3) Category: S.C./S.T./Dhangar/other: .....

(Enclose caste Certificate if applicable)

(4) Constituency: .....

(5) Contact No.: .....

(6) Description of cow/buffalo:

(a) Colour:

(b) Tail Swith:

(c) Horns:

(d) Identification marks:

(7) Reg. No.: .....

(8) Date of A.I.: .....

(9) Microchip No. .....

(10) 1st A.I./2nd A.I. or Repeat A.I.: .....

Certified that the A.I. has been performed & recorded in the A.I. register maintained in this Office.

Signature of Extension Officer — Signature of Assistant Director/Veterinary Officer

Date: — Date:

UNDERTAKING – L(C/B)

I, ..., r/o ..... undertake to stall-feed the Non-descript cow/Non-descript buffalo bearing registration No. ....., during the stage of pregnancy. I am aware that I shall not be entitled for incentives if I do not maintain the animal tied as per the guidelines of the scheme.

Name of the Bank & Branch .....

Saving Account No. ..... MICR No.: .....

IFSC No. ..... ECS No. .....

Date: Signature of Beneficiary

Signed in presence of Assistant Director/Veterinary Officer

Signature Assistant Director/Veterinary Officer

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GOVERNMENT OF GOA

DEPARTMENT OF ANIMAL HUSBANDRY & VETERINARY SERVICES
PASHUSAMVARDHAN BHAVAN, PATTO, PANAJI-GOA

FORM No. II

PASHUPALAN SCHEME

Intimation of Pregnancy

(To be filled in by local AD/VO)

(1) Name of beneficiary: .....

(2) Address: .....

(3) Category: S.C./S.T./Dhanger/other: .....

(4) Contact No.: .....

(5) Description of cow/buffalo: (a) Colour:—
i. (b) Tail Swith:
ii. (c) Horns:
iii. (d) Identification marks:

(6) (a) Reg. No.: .....
(b) Microchip No.: .....

(7) Date of A.I.: .....

(8) Date of confirmation of pregnancy: .....

Certified that the above information is correct and the said animal is recommended for incentives under the scheme

Date: Signature of Assistant Director/Veterinary Officer

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GOVERNMENT OF GOA

DEPARTMENT OF ANIMAL HUSBANDRY & VETERINARY SERVICES
PASHUSAMVARDHAN BHAVAN, PATTO, PANAJI-GOA

FORM No. III

PASHUPALAN SCHEME

Monthly progress report for Local Cows/Buffaloes

(A)

Sr. No.	Registration No. Microchip No.	Name & Address of Beneficiary	Pregnancy status of animal (month)	Incentive Amount	Name of the Bank Account No. MICR No. IFSC Code ECS No.

Certified that the above animals were examined for pregnancy, and are alive and pregnant as of today. The feed subsidy allowance may be released/as per the chart (A) above.

(B)

Sr. No.	Registration No. Microchip No.	Name & Address of Beneficiary	Aborted/Died/Sold	Date	Remark

Certified that the above animals as in Chart (B) is/are not entitled to any further feed allowance under the scheme.

Date: .....
Signature of the A.D./V.O. of the area

GOVERNMENT OF GOA

DEPARTMENT OF ANIMAL HUSBANDRY & VETERINARY SERVICES
PASHUSAMVARDHAN BHAVAN, PATTO, PANAJI-GOA

FORM No. IV

PASHUPALAN SCHEME

Intimation of Birth of calf

(Cross bred/improved buffalo calf born from Non-descript cow/Non-descript buffalo)

(To be filled in by Beneficiary)

I hereby intimate to the authorities about the birth of female calf to my Non-descript cow/Non-descript buffalo Reg. No. ..... which delivered on .....

My details are as follows:

1. Name: .....
2. Address: .....
3. Category: S.C./S.T./Dhangar/others: .....
   (Enclose Caste Certificate if applicable)
4. Constituency: .....
5. Contact No.: .....
6. Date of A.I.: .....
7. Name of the Bank & Branch: .....
8. Saving Account No.: .....
9. IFSC Code: .....
10. MICR No: .....
11. ECS No.: .....

Kindly release the incentive as per the scheme.

.....
Date: Signature of Beneficiary

I have verified the birth of a female calf and recommend the release of incentive.

.....
Date: Signature of Assistant Director/Veterinary Officer

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GOVERNMENT OF GOA

DEPARTMENT OF ANIMAL HUSBANDRY & VETERINARY SERVICES
PASHUSAMVARDHAN BHAVAN, PATTO, PANAJI-GOA

FORM No. V

PASHUPALAN SCHEME

Registration of calf

(1) Owner/Name of Beneficiary: .....
(2) Address: .....

(3) Category : S.C./S.T./Dhangar/others: .....
(Enclose caste Certificate if applicable)
(4) Constituency: .....
(5) Contact No.: .....
(6) Description of Calf: (breed & colour) .....
(7) (a) Reg. No. .....
(b) Microchip No. .....
(8) Date of Birth: .....
(9) Weight at the time of Registration: .....
(10) Date of A.I.: .....
(11) Date of Registration: .....

Date:

.....
Signature of Assistant Director/Veterinary Officer

Undertaking

I, ..., r/o ..... undertake to stall-feed the calf bearing registration No. ..... & microchip No. ..... I am aware that I shall not be entitled for feed allowance subsidy if I do not keep the animal tied as per the guidelines of the scheme.

Name of the Bank & Branch: .....

Saving Account No.: ..... MICR No.: .....

IFSC No.: ..... ECS No.: .....

Date: Name & Signature of Beneficiary

Signed in presence of Assistant Director/Veterinary Officer

Signature Assistant Director/Veterinary Officer

By order and in the name of the Governor of Goa.

Dr. *Santosh V. Desai*, Director & ex officio Joint Secretary (AH).

Panaji, 1st June, 2016.

Department of Civil Supplies & Consumer Affairs

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Notification

DCS/S/SKO-DBTK/2016-17/182

Sub.: Re-registration of non LPG card holders for supply of subsidized Kerosene & Direct Benefit Transfer in Kerosene (DBTK) Scheme.

Whereas the State Government has decided to implement Direct Benefit Transfer in Kerosene (DBTK) Scheme in the State tentatively w.e.f. 1-10-2016 and this regard it is necessary to identify the beneficiaries without Liquefied Petroleum Gas (LPG) connection. Therefore in order to identify the non LPG beneficieries following procedure has been prescribed.

(*1*) All ration card holders in the State who do not have LPG connection are eligible to re-register themselves to avail subsidized supply of kerosene at the respective Taluka Office of the Department in the prescribed form (DBTK).

(*2*) During this re-registration for kerosene the beneficiaries need to select any one existing Fair Price Shop nearest to them having license to sell kerosene. The supply of subsidized kerosene henceforth after identification of eligible non LPG beneficiaries will be restricted only through Fair Price Shops dealing in kerosene.

(*3*) The supplies to all other kerosene dealers (other than FPS) will be discontinued after all non LPG beneficiaries are identified and attached to their chosen Fair Price Shop for which a date will be announced by Government.

(*4*) All ration card holders who do not have LPG connection in their house shall re-register themselves to avail subsidized kerosene supply & benefits of DBTK Scheme of the Government of India at the respective Taluka Offices of this department from 1-6-2016 to 30-6-2016.

(*5*) Any non LPG ration card holder who fails to register themselves within the prescribed date will not be entitled for benefits of subsidized kerosence till the time they get registered for the same.

By order and in the name of the Governor of Goa.

Vikas S. N. Gaunekar, Director & ex officio Joint Secretary (Civil Supplies & Consumer Affairs).

Panaji, 25th May, 2016.

FORM DBTK

Application for Re-registration of non LPG Card Holders to avail supply of Subsidized Kerosene & cash benefit under (DBTK) Scheme

Personal Information

Name of the Ration Card Holder (HOF)					
Type of Ration Card Tick any one	PHH	AAY	APL	Unique RC ID	
Residence Address					
Village/Town				Taluka	
District				Date of Birth	DD MM YYYY
Aadhaar No.					
Mob. No.				Tel. No.	
Name of Kerosene Retailer					
Bank Name				Branch	
Bank A/C No.				MICR Code	
				IFSC Code	

DECLARATION

I the undersigned, Shri/Smt. ..... resident of H. No.: ..... Village:..... Taluka:..... Pin Code:..... declare that I am a citizen of India do hereby solemnly affirm & declare that I do not have any Liquefied Petroleum Gas connection for domestic use in my house in my name or in the name of my family members.

The above given information is complete and true to the best of my knowledge and I undertake to hold myself responsible if any part or whole thereof is found to be false.

Place: (Signature of Consumer)
Date: Name: .....

Consent for Authentication

I, the holder of Aadhar Number / / / / / / / / / / / /, hereby give my consent to the **Department of Civil Supplies & Consumer Affairs** to obtain my Aadhar number, Name and Fingerprint/ /Iris for authentication with UIDAI. Civil Supplies Department has informed me that my biometrics will not be stored/shared and will be submitted to CIDR only for the purpose of authentication & to enroll the name for availing benefits under any scheme of the Department of Civil Supplies or any other State or Central Government Scheme.

Signature of the Aadhar Number Holder/I agree
Name:
Date:
Place:

Verified by:
Civil Supplies Inspector of .....Taluka.

For the use of Civil Supplies office

Checked in the system,the applicant is found to be non LPG and is attached to FPS No. ..... Village ..... for kerosene supply.

Place: Sign:

.....

To be issued to the applicant

The Unique RC. ID. No. / / / / / / / / in the name of ..... r/o ..... village is attached to FPS No. ..... of Shri/Smt./M/s. ..... at .....village for supply of subsidized Kerosene/DBTK Scheme upon resumption of the scheme.

Date: Civil Supplies Inspector/Sub-Inspector
Place: Taluka: .....

Department of Fisheries

Directorate of Fisheries

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Notification

FSH/PLG/SCH-CRAB FARMING/2016-17

Sub.: "Financial Assistance for setting up of Crab Farming unit in Goa".

The Government of Goa is hereby pleased to introduce the scheme "Financial Assistance for setting up of Crab Farming unit in Goa".

1. *Short title and commencement*.— (*a*) This scheme may be called as "Financial Assistance for setting up of Crab Farming unit in Goa".

(*b*) It shall come into force from the date of publication in the Official Gazette.

2. *Introduction*.— Goa has vast potential for fisheries. A huge variety of fish and other seafood products are available in the coastal waters of Goa. Goan cuisine is popular for its rich variety of sea food delicacies that includes Lobsters, Crabs, Prawns and various kinds of fishes. Crab is one of the most favourite seafood dishes in Goa. Considering the high scope and demand for the locally found crab Government of Goa, Directorate of Fisheries have taken an initiative to induce the entrepreneurs to cultivate the locally found crab (namely Scylla Seratta, commonly known as Mud Crab) in the marshy land of Goa, thereby providing them financial assistance by way of subsidy.

Mud crabs grow to a very large size of about 22 cm in carapace and about 2 kg in weight. Crab seed are available in the nature of all sizes. There should be availability of abundant and good quality water. Mud crabs are found to be adaptable to medium to high salinity conditions.

3. *Objective of the scheme:*—

- To create awareness about the scope of crab culture farming in Goa.
- To conduct eco friendly farming of mangrove crabs.
- To provide training on mangrove crab farming.
- To generate employment in rural and urban households through crab culture technique.
- To provide technical support required for the production of crab culture.
- To provide financial assistance for the setting up of a Crab Culture unit.

4. *Scope of the scheme*.— To promote crab culture technique in Goa, Department of Fisheries, Government of Goa has come up with an initiative to encourage crab in mangroves thereby providing financial assistance by way of subsidy to the farmers.

(*a*) Financial assistance for setting up of the Crab Culture unit.

(*b*) Financial assistance for purchase of seed and feed.

5. *Eligibility*.— (*1*) Fish farmer/individual/ /Registered Self help group/Societies, interested in the setting up of the Crab Farming unit in the State of Goa can avail the benefit under this scheme.

(*2*) Fish farmer/individual should be resident of Goa for last fifteen years.

(*3*) Applicant should undergo training programme on Crab Farming organized by the Fisheries Department/MPEDA/ICAR/other institutes.

6. *Terms of sanction*.— For availing financial assistance, the beneficiaries should produce the following documents along with the application form following the guidelines thereby laid.

(*i*) Proof of Identity for— Individuals/Fish Farmers — copy Voter Id/Passport/Aadhar Card along with fifteen years valid Residential Certificate, for Self Help Group/Societies —registration document.

(*ii*) NOC from local Village Panchayat/ /Municipality.

(*iii*) Proof of availability of finance.

(*iv*) Project/feasibility report.

(*v*) Training completion certificate on Crab Farming carried by Directorate of Fisheries/ /MPEDA/ICAR/any other institute.

7. *Pattern of assistance*.— (*a*) Financial assistance for setting up of the Crab Culture unit: The maximum amount of financial assistance eligible for setting up of Crab Culture unit is 25% of the actual cost limited to Rs. 1,50,000/-, per ha. Farmer will be eligible upto 2 ha.

(*b*) Financial assistance for purchase of seed and feed: The maximum amount of financial assistance eligible for purchase of seed and feed is 50% of the actual cost limited to Rs. 75,000/- per ha., limited to 2 ha. area.

On approval of the project proposal by the Directorate of Fisheries 60% of the actual financial assistance on setting up of Crab Culture unit will be provided to the beneficiary and balance of 40% will be given on registration of the unit.

8. *Terms and Conditions*.— (*1*) The beneficiary shall permit the Government Official or their duly authorised representative to inspect the unit as and when required.

(*2*) Renewal of the registration of the unit to be done every 3 years.

(*3*) There should not be any activity which may cause environmental hazard in regards to the mangroves.

9. *Relaxation of the provision of the scheme*.— The Government is empowered to relax all or any of the clauses provided in this scheme, if found deemed fit for reasons to be recorded.

10. *Interpretation of the provision of the scheme*.— If any question arises regarding interpretation in the scheme of any clause, word, expression or entire scheme, then the decision about the interpretation shall lie with the Government.

This issues with the concurrence of the Finance Department vide their U. O. No. Fin (Exp.)/1400023579 dated 16-05-2016.

By order and in the name of the Governor of Goa.

Dr. Smt. *Shamila Monteiro,* Director & ex officio Joint Secretary (Fisheries).

Panaji, 27th May, 2016.

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Department of Home

Home—General Division

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Notification

21/2/2013-HD(G)/1928

Ref: (1) Notification No. 2/20/92-HD(G), dated 9-11-1995, published in Official Gazette, Series I No. 34, dated 23-11-1995.

(2) Notification No. 2/20/92-HD(G), dated 16-10-1996, published in Official Gazette, Series I No. 33, dated 14-11-1996.

(3) Notification No. 2/20/92-HD(G), dated 29-4-1997, published in Official Gazette, Series I No. 14, dated 3-7-1997.

(4) Notification No. 2/20/92-HD(G), dated 27-8-1997, published in Official Gazette, Series I No. 25, dated 18-9-1997.

(5) Notification No. 2/20/92-HD(G), dated 30-11-1999, published in Official Gazette, Series I No. 37, dated 9-12-1999.

(6) Notification No. 2/20/92-HD(G), dated 20-12-1999, published in Official Gazette, Series I No. 42, dated 13-01-2000.

(7) Notification No. 2/20/92-HD(G), dated 2-5-2000, published in Official Gazette, Extraordinary (No. 3), Series I No. 4, dated 2-5-2000.

(8) Notification No. 2/1/2001-HD(G), dated 26-7-2001, published in Official Gazette, Series I No. 20, dated 16-8-2001.

(9) Notification No. 2/1/2001-HD(G), dated 29-11-2002, published in Official Gazette, Series I No. 39, dated 26-12-2002.

(10) Notification No. 2/1/2001-HD(G), dated 24-7-2003, published in Official Gazette, Extraordinary, Series I No. 17, dated 24-7-2003.

(11) Notification No. 2/1/2001-HD(G), dated 5-1-2004, published in Official Gazette, Extraordinary, Series I No. 40, dated 5-1-2004.

(12) Notification No. 2/1/2001-HD(G), dated 12-2-2004, published in Official Gazette, Extraordinary, Series I No. 46, dated 16-2-2004.

(13) Notification No. 2/1/2001-HD(G), dated 30-3-2004, published in Official Gazette, Extraordinary, No. 4, Series I No. 52, dated 31-3-2004.

(14) Notification No. 2/1/2001-HD(G), dated 8-1-2007, published in Official Gazette, Extraordinary No. 2, Series I No. 41, dated 15-1-2007.

(15) Notification No. 2/1/2001-HD(G), dated 22-7-2009, published in Official Gazette, Extraordinary, Series I No. 17, dated 23-7-2009.

(16) Notification No. 2/1/2001-HD(G), dated 31-3-2011, published in Official Gazette, Extraordinary, Series I No. 1, dated 7-4-2011.

(17) Notification No. 2/1/2001-HD(G), dated 4-11-2011, published in Official Gazette, Series I No. 32, dated 10-11-2011.

(18) Notification No. 2/1/2001-HD(G), dated 25-5-2012, published in Official Gazette, Series I No. 9, dated 31-5-2012.

(19) Notification No. 21/9/2012-HD(G), dated 11-9-2012, published in Official Gazette, Extraordinary No. 2, Series I No. 23, dated 12-9-2012.

(20) Notification No. 21/12/2011-HD(G), dated 21-11-2012, published in Official Gazette, Extraordinary No. 4, Series I No. 33, dated 21-11-2012.

(21) Notification No. 21/2/2013-HD(G)/ /3466 dated 17-10-2013, published in Official Gazette, Extraordinary No. 2, Series I No. 29, dated 22-10-2013.

(22) Notification No. 21/1/2014-HD(G)/ /1324 dated 28-3-2014, published in Official Gazette, Series I No. 1, dated 3-4-2014.

(23) Notification No. 21/1/2014-HD(G)/ /1326 dated 28-3-2014, published in Official Gazette, Series I No. 1, dated 3-4-2014.

(24) Notification No. 21/3/2015-HD(G)/ /992 dated 31-3-2015, published in Official Gazette, Extraordinary, Series I No. 1, dated 2-4-2015.

(25) Notification No. 21/2/2013-HD(G)/ /105 dated 8-1-2016, published in Official Gazette, Extraordinary, Series I No. 41, dated 12-1-2016.

(26) Notification No. 21/1/2016-HD(G)/ /1124 dated 31-3-2016, published in Official Gazette, Extraordinary No. 3, Series I No. 53, dated 1-4-2016.

In exercise of the powers conferred by section 13A of the Goa, Daman and Diu Public Gambling Act, 1976 (Act 14 of 1976), read with section 21 of the General Clauses Act, 1897 (Central Act 10 of 1897), the Government of Goa hereby further amends the Government Notification No. 2-20-92-HD(G), dated 9-11-1995, published in the Official Gazette, Series I No. 34, dated 23-11-1995 (hereinafter called the "principal Notification"), as follows:—

In the principal Notification, in condition 5, in clause (*iv*), in the third proviso, for the expression "31-03-2016", the expression "31-03-2017" shall be substituted.

This Notification shall come into force with immediate effect.

By order and in the name of the Governor of Goa.

Neetal P. Amonkar, Under Secretary (Home).

Porvorim, 6th June, 2016.

Department of Science, Environment & Technology

Notification

1/24/2010/STE-DIR/151

The following Rules published in the Gazette of India is hereby published for the general information of public:—

(*1*) G.S.R. 343(E) dated 28-3-2016;

By order and in the name of the Governor of Goa.

Srinet Kothwale, Director & Joint Secretary (STE).

Saligao, 5th May, 2016.

GOVERNMENT OF INDIA

MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE

Notification

New Delhi, the 28th March, 2016.

G.S.R. 343(E).— Whereas the Bio-Medical Waste (Management and Handling) Rules, 1998 was published *vide* notification number S. O. 630 (*E*) dated the 20th July, 1998, by the Government of India in the erstwhile Ministry of Environment and Forests, provided a regulatory frame work for management of bio-medical waste generated in the country;

And whereas, to implement these rules more effectively and to improve the collection, segregation, processing, treatment and disposal of these bio-medical wastes in an environmentally sound management thereby, reducing the bio-medical waste generation and its impact on the environment, the Central Government reviewed the existing rules;

And whereas, in exercise of the powers conferred by sections 6, 8 and 25 of the Environment (Protection) Act, 1986 (29 of 1986), the Central Government published the draft rules in the Gazette vide number G.S.R. 450 (*E*), dated the 3rd June, 2015 inviting objections or suggestions from the public within sixty days from the date on which copies of the Gazette containing the said notification were made available to the public;

And whereas, the copies of the Gazette containing the said draft rules were made available to the public on the 3rd June, 2015;

And whereas, the objections or comments received within the specified period from the public in respect of the said draft rules have been duly considered by the Central Government;

Now, therefore, in exercise of the powers conferred by section 6, 8 and 25 of the Environment (Protection) Act, 1986 (29 of 1986), and in supersession of the Bio-Medical Waste (Management and Handling) Rules, 1998, except as respects things done or omitted to be done before such suppression, the Central Government hereby makes the following rules, namely:—

1. *Short title and commencement.*— (*1*) these rules may be called the Bio-Medical Waste Management Rules, 2016.

(*2*) They shall come into force on the date of their publication in the Official Gazette.

2. *Application*.— (*1*) These rules shall apply to all persons who generate, collect, receive, store, transport, treat, dispose, or handle bio medical waste in any form including hospitals, nursing homes, clinics, dispensaries, veterinary institutions, animal houses, pathological laboratories, blood banks, ayush hospitals, clinical establishments, research or educational institutions, health camps, medical or surgical camps, vaccination camps, blood donation camps, first aid rooms of schools, forensic laboratories and research labs.

(*2*) These rules shall not apply to,—

(*a*) radioactive wastes as covered under the provisions of the Atomic Energy Act,

1962 (33 of 1962) and the rules made there under;

(*b*) hazardous chemicals covered under the Manufacture, Storage and Import of Hazardous Chemicals Rules, 1989 made under the Act;

(*c*) solid wastes covered under the Municipal Solid Waste (Management and Handling) Rules, 2000 made under the Act;

(*d*) the lead acid batteries covered under the Batteries (Management and Handling) Rules, 2001 made under the Act;

(*e*) hazardous wastes covered under the Hazardous Wastes (Management, Handling and Transboundary Movement) Rules, 2008 made under the Act;

(*f*) waste covered under the e-Waste (Management and Handling) Rules, 2011 made under the Act; and

(*g*) hazardous micro organisms, genetically engineered micro organisms and cells covered under the Manufacture, Use, Import, Export and Storage of Hazardous Microorganisms, Genetically Engineered Micro organisms or Cells Rules, 1989 made under the Act.

3. *Definitions*.— In these rules, unless the context otherwise requires,—

(*a*) "Act" means the Environment (Protection) Act, 1986 (29 of 1986);

(*b*) "animal house" means a place where animals are reared or kept for the purpose of experiments or testing;

(*c*) "authorisation" means permission granted by the prescribed authority for the generation, collection, reception, storage, transportation, treatment, processing, disposal or any other form of handling of bio-medical waste in accordance with these rules and guidelines issued by the Central Government or Central Pollution Control Board as the case may be;

(*d*) "authorised person" means an occupier or operator authorised by the prescribed authority to generate, collect, receive, store, transport, treat, process, dispose or handle bio-medical waste in accordance with these rules and the guidelines issued by the Central Government or the Central Pollution Control Board, as the case may be;

(*e*) "biological" means any preparation made from organisms or micro-organisms or product of metabolism and biochemical reactions intended for use in the diagnosis, immunisation or the treatment of human beings or animals or in research activities pertaining thereto;

(*f*) "bio-medical waste" means any waste, which is generated during the diagnosis, treatment or immunisation of human beings or animals or research activities pertaining thereto or in the production or testing of biological or in health camps, including the categories mentioned in Schedule I appended to these rules;

(*g*) "bio-medical waste treatment and disposal facility" means any facility wherein treatment, disposal of bio-medical waste or processes incidental to such treatment and disposal is carried out, and includes common bio-medical waste treatment facilities;

(*h*) "Form" means the Form appended to these rules;

(*i*) "handling" in relation to bio-medical waste includes the generation, sorting, segregation, collection, use, storage, packaging, loading, transportation, unloading, processing, treatment, destruction, conversion, or offering for sale, transfer, disposal of such waste;

(*j*) "health care facility" means a place where diagnosis, treatment or immuni-

-sation of human beings or animals is provided irrespective of type and size of health treatment system, and research activity pertaining thereto;

(*k*) "major accident" means accident occurring while handling of bio-medical waste having potential to affect large masses of public and includes toppling of the truck carrying bio-medical waste, accidental release of bio-medical waste in any water body but exclude accidents like needle prick injuries, mercury spills;

(*l*) "management" includes all steps required to ensure that bio-medical waste is managed in such a manner as to protect health and environment against any adverse effects due to handling of such waste;

(*m*) "occupier" means a person having administrative control over the institution and the premises generating bio-medical waste, which includes a hospital, nursing home, clinic, dispensary, veterinary institution, animal house, pathological laboratory, blood bank, health care facility and clinical establishment, irrespective of their system of medicine and by whatever name they are called;

(*n*) "operator of a common bio-medical waste treatment facility" means a person who owns or controls a Common Bio--medical Waste Treatment Facility (CBMWTF) for the collection, reception, storage, transport, treatment, disposal or any other form of handling of bio-medical waste;

(*o*) "prescribed authority" means the State Pollution Control Board in respect of a State and Pollution Control Committees in respect of an Union territory;

(*p*) "Schedule" means the Schedule appended to these rules.

4. *Duties of the Occupier*.— It shall be the duty of every occupier to—

(*a*) take all necessary steps to ensure that bio-medical waste is handled without any adverse effect to human health and the environment and in accordance with these rules;

(*b*) make a provision within the premises for a safe, ventilated and secured location for storage of segregated biomedical waste in colored bags or containers in the manner as specified in Schedule I, to ensure that there shall be no secondary handling, pilferage of recyclables or inadvertent scattering or spillage by animals and the bio-medical waste from such place or premises shall be directly transported in the manner as prescribed in these rules to the common bio-medical waste treatment facility or for the appropriate treatment and disposal, as the case may be, in the manner as prescribed in Schedule I;

(*c*) pre-treat the laboratory waste, microbiological waste, blood samples and blood bags through disinfection or sterilisation on-site in the manner as prescribed by the World Health Organisation (WHO) or National AIDs Control Organisation (NACO) guidelines and then sent to the common bio-medical waste treatment facility for final disposal;

(*d*) phase out use of chlorinated plastic bags, gloves and blood bags within two years from the date of notification of these rules;

(*e*) dispose of solid waste other than bio-medical waste in accordance with the provisions of respective waste management rules made under the relevant laws and amended from time to time;

(*f*) not to give treated bio-medical waste with municipal solid waste;

(*g*) provide training to all its health care workers and others, involved in handling of bio medical waste at the time of induction and thereafter at least once every year

and the details of training programmes conducted, number of personnel trained and number of personnel not undergone any training shall be provided in the Annual Report;

(*h*) immunise all its health care workers and others, involved in handling of bio-medical waste for protection against diseases including Hepatitis B and Tetanus that are likely to be transmitted by handling of bio-medical waste, in the manner as prescribed in the National Immunisation Policy or the guidelines of the Ministry of Health and Family Welfare issued from time to time;

(*i*) establish a Bar-Code System for bags or containers containing bio-medical waste to be sent out of the premises or place for any purpose within one year from the date of the notification of these rules;

(*j*) ensure segregation of liquid chemical waste at source and ensure pre-treatment or neutralisation prior to mixing with other effluent generated from health care facilities;

(*k*) ensure treatment and disposal of liquid waste in accordance with the Water (Prevention and Control of Pollution) Act, 1974 (6 of 1974);

(*l*) ensure occupational safety of all its health care workers and others involved in handling of bio-medical waste by providing appropriate and adequate personal protective equipments;

(*m*) conduct health check up at the time of induction and at least once in a year for all its health care workers and others involved in handling of bio-medical waste and maintain the records for the same;

(*n*) maintain and update on day to day basis the bio-medical waste management register and display the monthly record on its website according to the bio-medical waste generated in terms of category and colour coding as specified in Schedule I;

(*o*) report major accidents including accidents caused by fire hazards, blasts during handling of bio-medical waste and the remedial action taken and the records relevant thereto, (including nil report) in Form I to the prescribed authority and also along with the annual report;

(*p*) make available the annual report on its web site and all the health care facilities shall make own website within two years from the date of notification of these rules;

(*q*) inform the prescribed authority immediately in case the operator of a facility does not collect the bio-medical waste within the intended time or as per the agreed time;

(*r*) establish a system to review and monitor the activities related to bio-medical waste management, either through an existing committee or by forming a new committee and the Committee shall meet once in every six months and the record of the minutes of the meetings of this committee shall be submitted along with the annual report to the prescribed authority and the healthcare establishments having less than thirty beds shall designate a qualified person to review and monitor the activities relating to bio-medical waste management within that establishment and submit the annual report;

(*s*) maintain all record for operation of incineration, hydro or autoclaving etc., for a period of five years;

(*t*) existing incinerators to achieve the standards for treatment and disposal of bio-medical waste as specified in Schedule II for retention time in secondary chamber and Dioxin and Furans within two years from the date of this notification.

5. *Duties of the operator of a common bio-medical waste treatment and disposal facility.*— It shall be the duty of every operator to—

(*a*) take all necessary steps to ensure that the bio-medical waste collected from the occupier is transported, handled, stored, treated and disposed of, without any adverse effect to the human health and the environment, in accordance with these rules and guidelines issued by the Central Government or, as the case may be, the central pollution control board from time to time;

(*b*) ensure timely collection of bio-medical waste from the occupier as prescribed under these rules;

(*c*) establish bar coding and global positioning system for handling of bio-medical waste within one year;

(*d*) inform the prescribed authority immediately regarding the occupiers which are not handing over the segregated bio-medical waste in accordance with these rules;

(*e*) provide training for all its workers involved in handling of bio-medical waste at the time of induction and at least once a year thereafter;

(*f*) assist the occupier in training conducted by them for bio-medical waste management;

(*g*) undertake appropriate medical examination at the time of induction and at least once in a year and immunise all its workers involved in handling of bio-medical waste for protection against diseases, including Hepatitis B and Tetanus, that are likely to be transmitted while handling bio--medical waste and maintain the records for the same;

(*h*) ensure occupational safety of all its workers involved in handling of bio-medical waste by providing appropriate and adequate personal protective equipment;

(*i*) report major accidents including accidents caused by fire hazards, blasts during handling of bio-medical waste and the remedial action taken and the records relevant thereto, (including nil report) in Form I to the prescribed authority and also along with the annual report;

(*j*) maintain a log book for each of its treatment equipment according to weight of batch; categories of waste treated; time, date and duration of treatment cycle and total hours of operation;

(*k*) allow occupier, who are giving waste for treatment to the operator, to see whether the treatment is carried out as per the rules;

(*l*) shall display details of authorisation, treatment, annual report etc on its web site;

(*m*) after ensuring treatment by autoclaving or microwaving followed by mutilation or shredding, whichever is applicable, the recyclables from the treated bio-medical wastes such as plastics and glass, shall be given to recyclers having valid consent or authorisation or registration from the respective State Pollution Control Board or Pollution Control Committee;

(*n*) supply non-chlorinated plastic coloured bags to the occupier on chargeable basis, if required;

(*o*) common bio-medical waste treatment facility shall ensure collection of biomedical waste on holidays also;

(*p*) maintain all record for operation of incineration, hydroor autoclaving for a period of five years; and

(*q*) upgrade existing incinerators to achieve the standards for retention time in secondary chamber and Dioxin and Furans within two years from the date of this notification.

6. *Duties of authorities.*—The Authority specified in column (*2*) of Schedule-III shall perform the duties as specified in column (*3*)

thereof in accordance with the provisions of these rules.

7. *Treatment and disposal.*— (*1*) Bio-medical waste shall be treated and disposed of in accordance with Schedule I, and in compliance with the standards provided in Schedule-II by the health care facilities and common bio-medical waste treatment facility.

(*2*) Occupier shall hand over segregated waste as per the Schedule-I to common bio-medical waste treatment facility for treatment, processing and final disposal:

Provided that the lab and highly infectious bio-medical waste generated shall be pre-treated by equipment like autoclave or microwave.

(*3*) No occupier shall establish on-site treatment and disposal facility, if a service of common biomedical waste treatment facility is available at a distance of seventy-five kilometer.

(*4*) In cases where service of the common bio-medical waste treatment facility is not available, the Occupiers shall set up requisite bio-medical waste treatment equipment like incinerator, autoclave or microwave, shredder prior to commencement of its operation, as per the authorisation given by the prescribed authority.

(*5*) Any person including an occupier or operator of a common bio medical waste treatment facility, intending to use new technologies for treatment of bio medical waste other than those listed in Schedule I shall request the Central Government for laying down the standards or operating parameters.

(*6*) On receipt of a request referred to in sub-rule (*5*), the Central Government may determine the standards and operating parameters for new technology which may be published in Gazette by the Central Government.

(*7*) Every operator of common bio-medical waste treatment facility shall set up requisite biomedical waste treatment equipments like incinerator, autoclave or microwave, shredder and effluent treatment plant as a part of treatment, prior to commencement of its operation.

(*8*) Every occupier shall phase out use of non-chlorinated plastic bags within two years from the date of publication of these rules and after two years from such publication of these rules, the chlorinated plastic bags shall not be used for storing and transporting of bio-medical waste and the occupier or operator of a common bio-medical waste treatment facility shall not dispose of such plastics by incineration and the bags used for storing and transporting biomedical waste shall be in compliance with the Bureau of Indian Standards. Till the Standards are published, the carry bags shall be as per the Plastic Waste Management Rules, 2011.

(*9*) After ensuring treatment by autoclaving or microwaving followed by mutilation or shredding, whichever is applicable, the recyclables from the treated bio-medical wastes such as plastics and glass shall be given to such recyclers having valid authorisation or registration from the respective prescribed authority.

(*10*) The Occupier or Operator of a common bio-medical waste treatment facility shall maintain a record of recyclable wastes referred to in sub-rule (*9*) which are auctioned or sold and the same shall be submitted to the prescribed authority as part of its annual report. The record shall be open for inspection by the prescribed authorities.

(*11*) The handling and disposal of all the mercury waste and lead waste shall be in accordance with the respective rules and regulations.

8. *Segregation, packaging, transportation and storage.*— (*1*) No untreated bio-medical waste shall be mixed with other wastes.

(*2*) The bio-medical waste shall be segregated into containers or bags at the point of generation in accordance with Schedule I prior to its storage, transportation, treatment and disposal.

(*3*) The containers or bags referred to in sub-rule (*2*) shall be labeled as specified in Schedule IV.

(*4*) Bar code and global positioning system shall be added by the Occupier and common bio-medical waste treatment facility in one year time.

(*5*) The operator of common bio-medical waste treatment facility shall transport the bio-medical waste from the premises of an occupier to any off-site bio-medical waste treatment facility only in the vehicles having label as provided in part 'A' of the Schedule IV along with necessary information as specified in part 'B' of the Schedule IV.

(*6*) The vehicles used for transportation of bio-medical waste shall comply with the conditions if any stipulated by the State Pollution Control Board or Pollution Control Committee in addition to the requirement contained in the Motor Vehicles Act, 1988 (59 of 1988), if any or the rules made there under for transportation of such infectious waste.

(*7*) Untreated human anatomical waste, animal anatomical waste, soiled waste and, biotechnology waste shall not be stored beyond a period of forty–eight hours:

Provided that in case for any reason it becomes necessary to store such waste beyond such a period, the occupier shall take appropriate measures to ensure that the waste does not adversely affect human health and the environment and inform the prescribed authority along with the reasons for doing so.

(*8*) Microbiology waste and all other clinical laboratory waste shall be pre-treated by sterilisation to Log 6 or disinfection to Log 4, as per the World Health Organisation guidelines before packing and sending to the common bio-medical waste treatment facility.

9. *Prescribed authority.*— (*1*) The prescribed authority for implementation of the provisions of these rules shall be the State Pollution Control Boards in respect of States and Pollution Control Committees in respect of Union territories.

(*2*) The prescribed authority for enforcement of the provisions of these rules in respect of all health care establishments including hospitals, nursing homes, clinics, dispensaries, veterinary institutions, animal houses, pathological laboratories and blood banks of the Armed Forces under the Ministry of Defence shall be the Director General, Armed Forces Medical Services, who shall function under the supervision and control of the Ministry of Defence.

(*3*) The prescribed authorities shall comply with the responsibilities as stipulated in Schedule III of these rules.

10. *Procedure for authorisation.*— Every occupier or operator handling bio-medical waste, irrespective of the quantity shall make an application in Form II to the prescribed authority i.e. State Pollution Control Board and Pollution Control Committee, as the case may be, for grant of authorisation and the prescribed authority shall grant the provisional authorisation in Form III and the validity of such authorisation for bedded health care facility and operator of a common facility shall be synchronised with the validity of the consents.

(*1*) The authorisation shall be one time for non-bedded occupiers and the authorisation in such cases shall be deemed to have been granted, if not objected by the prescribed authority within a period of ninety days from the date of receipt of duly completed application along with such necessary documents.

(*2*) In case of refusal of renewal, cancellation or suspension of the authorisation by the prescribed authority, the reasons shall be recorded in writing:

Provided that the prescribed authority shall give an opportunity of being heard to the applicant before such refusal of the authorisation.

(*3*) Every application for authorisation shall be disposed of by the prescribed authority within a period of ninety days from the date of receipt of duly completed application along with such necessary documents, failing which it shall be deemed that the authorisation is granted under these rules.

(*4*) In case of any change in the bio--medical waste generation, handling, treatment and disposal for which authorisation was earlier granted, the occupier or operator shall intimate to the prescribed authority about the change or variation in the activity and shall submit a fresh application in Form II for modification of the conditions of authorisation.

11. *Advisory Committee*.— (*1*) Every State Government or Union territory Admi--nistration shall constitute an Advisory Committee for the respective State or Union territory under the chairmanship of the respective health secretary to oversee the implementation of the rules in the respective state and to advice any improvements and the Advisory Committee shall include representatives from the Departments of Health, Environment, Urban Development, Animal Husbandry and Veterinary Sciences of that State Government or Union territory Administration, State Pollution Control Board or Pollution Control Committee, urban local bodies or local bodies or Municipal Corporation, representatives from Indian Medical Association, common bio-medical waste treatment facility and non--governmental organisation.

(*2*) Notwithstanding anything contained in sub-rule (*1*), the Ministry of Defence shall constitute the Advisory Committee (Defence) under the chairmanship of Director General of Health Services of Armed Forces consisting of representatives from the Ministry of Defence, Ministry of Environment, Forest and Climate Change, Central Pollution Control Board, Ministry of Health and Family Welfare, Armed Forces Medical College or Command Hospital.

(*3*) The Advisory Committee constituted under sub-rule (*1*) and (*2*) shall meet at least once in six months and review all matters related to implementation of the provisions of these rules in the State and Armed Forces Health Care Facilities, as the case may be.

(*4*) The Ministry of Health and Defence may co-opt representatives from the other Governmental and non-governmental organisations having expertise in the field of bio-medical waste management.

12. *Monitoring of implementation of the rules in health care facilities*.— (*1*) The Ministry of Environment, Forest and Climate Change shall review the implementation of the rules in the country once in a year through the State Health Secretaries and Chairmen or Member Secretary of State Pollution Control Boards and Central Pollution Control Board and the Ministry may also invite experts in the field of bio-medical waste management, if required.

(*2*) The Central Pollution Control Board shall monitor the implementation of these rules in respect of all the Armed Forces health care establishments under the Ministry of Defence.

(*3*) The Central Pollution Control Board along with one or more representatives of the Advisory Committee constituted under sub--rule (*2*) of rule 11, may inspect any Armed Forces health care establishments after prior intimation to the Director General Armed Forces Medical Services.

(*4*) Every State Government or Union territory Administration shall constitute District Level Monitoring Committee in the districts under the chairmanship of District

Collector or District Magistrate or Deputy Commissioner or Additional District Magistrate to monitor the compliance of the provisions of these rules in the health care facilities generating bio-medical waste and in the common bio-medical waste treatment and disposal facilities, where the bio-medical waste is treated and disposed of.

(*5*) The District Level Monitoring Committee constituted under sub-rule (*4*) shall submit its report once in six months to the State Advisory Committee and a copy thereof shall also be forwarded to State Pollution Control Board or Pollution Control Committee concerned for taking further necessary action.

(*6*) The District Level Monitoring Committee shall comprise of District Medical Officer or District Health Officer, representatives from State Pollution Control Board or Pollution Control Committee, Public Health Engineering Department, local bodies or municipal corporation, Indian Medical Association, common bio-medical waste treatment facility and registered non-governmental organisations working in the field of bio--medical waste management and the Committee may co-opt other members and experts, if necessary and the District Medical Officer shall be the Member Secretary of this Committee.

13. *Annual report.*— (*1*) Every occupier or operator of common bio-medical waste treatment facility shall submit an annual report to the prescribed authority in Form-IV, on or before the 30th June of every year.

(*2*) The prescribed authority shall compile, review and analyse the information received and send this information to the Central Pollution Control Board on or before the 31st July of every year.

(*3*) The Central Pollution Control Board shall compile, review and analyse the information received and send this information, along with its comments or suggestions or observations to the Ministry of Environment, Forest and Climate Change on or before 31st August every year.

(*4*) The Annual Reports shall also be available online on the websites of Occupiers, State Pollution Control Boards and Central Pollution Control Board.

14. *Maintenance of records.*— (*1*) Every authorised person shall maintain records related to the generation, collection, reception, storage, transportation, treatment, disposal or any other form of handling of bio-medical waste, for a period of five years, in accordance with these rules and guidelines issued by the Central Government or the Central Pollution Control Board or the prescribed authority as the case may be.

(*2*) All records shall be subject to inspection and verification by the prescribed authority or the Ministry of Environment, Forest and Climate Change at any time.

15. *Accident reporting.*— (*1*) In case of any major accident at any institution or facility or any other site while handling bio-medical waste, the authorised person shall intimate immediately to the prescribed authority about such accident and forward a report within twenty-four hours in writing regarding the remedial steps taken in Form I.

(*2*) Information regarding all other accidents and remedial steps taken shall be provided in the annual report in accordance with rule 13 by the occupier.

16. *Appeal.*— (*1*) Any person aggrieved by an order made by the prescribed authority under these rules may, within a period of thirty days from the date on which the order is communicated to him, prefer an appeal in Form V to the Secretary (Environment) of the State Government or Union territory administration.

(*2*) Any person aggrieved by an order of the Director General Armed Forces Medical Services under these rules may, within thirty

days from the date on which the order is communicated to him, prefer an appeal in Form V to the Secretary, Ministry of Environment, Forest and Climate Change.

(*3*) The authority referred to in sub-para (*1*) and (*2*) as the case may be, may entertain the appeal after the expiry of the said period of thirty days, if it is satisfied that the appellant was prevented by sufficient cause from filing the appeal in time.

(*4*) The appeal shall be disposed of within a period of ninety days from the date of its filing.

17. *Site for common bio-medical waste treatment and disposal facility.*— (*1*) Without prejudice to rule 5 of these rules, the department in the business allocation of land assignment shall be responsible for providing suitable site for setting up of common biomedical waste treatment and disposal facility in the State Government or Union territory Administration.

(*2*) The selection of site for setting up of such facility shall be made in consultation with the prescribed authority, other stakeholders and in accordance with guidelines published by the Ministry of Environment, Forest and Climate Change or Central Pollution Control Board.

18. *Liability of the occupier, operator of a facility.*— (*1*) The occupier or an operator of a common bio-medical waste treatment facility shall be liable for all the damages caused to the environment or the public due to improper handling of bio-medical wastes.

(*2*) The occupier or operator of common bio-medical waste treatment facility shall be liable for action under section 5 and section 15 of the Act, in case of any violation.

SCHEDULE I

[*See* rules 3 (*e*), 4(*b*), 7(*1*), 7(*2*), 7(*5*), 7(*6*) and 8(*2*)]

Part-1

Biomedical wastes categories and their segregation, collection, treatment, processing and disposal options

Category	Type of Waste	Type of Bag or Container to be used	Treatment and Disposal options
1	2	3	4
Yellow	(*a*) *Human Anatomical Waste:* Human tissues, organs, body parts and fetus below the viability period (as per the Medical Termination of Pregnancy Act 1971, amended from time to time). (*b*) *Animal Anatomical Waste:* Experimental animal carcasses, body parts, organs, tissues, including the waste generated from animals used in experiments or testing in veterinary hospitals or colleges or animal houses.	Yellow coloured non-chlorinated plastic bags	Incineration or Plasma Pyrolysis or deep burial*

1	2	3	4
	(*c*) *Soiled Waste:* Items contaminated with blood, body fluids like dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components.		Incineration or Plasma Pyrolysis or deep burial* In absence of above facilities, autoclaving or microwaving/hydroclaving followed by shredding or mutilation or combination of sterilization and shredding. Treated waste to be sent for energy recovery.
	(*d*) *Expired or Discarded Medicines:* Pharmaceutical waste like antibiotics, cytotoxic drugs including all items contaminated with cytotoxic drugs along with glass or plastic ampoules, vials etc.	Yellow coloured non-chlorinated plastic bags or containers	Expired 'cytotoxic drugs and items contaminated with cytotoxic drugs to be returned back to the manufacturer or supplier for incineration at temperature >1200 ^{0}C or to common bio-medical waste treatment facility or hazardous waste treatment, storage and disposal facility for incineration at >1200^{o}C Or Encapsulation or Plasma Pyrolysis at >1200^{0}C. All other discarded medicines shall be either sent back to manufacturer or disposed by incineration.
	(*e*) *Chemical Waste:* Chemicals used in production of biological and used or discarded disinfectants.	Yellow coloured containers or non-chlorinated plastic bags	Disposed of by incineration or Plasma Pyrolysis or Encapsulation in hazardous waste treatment, storage and disposal facility.
	(*f*) *Chemical Liquid Waste:* Liquid waste generated due to use of chemicals in production of biological and used or discarded disinfectants, Silver X-ray film developing liquid, discarded Formalin, infected secretions, aspirated body fluids, liquid from laboratories and floor washings, cleaning, house-keeping and disinfecting activities etc.	Separate collection system leading to effluent treatment system	After resource recovery, the chemical liquid waste shall be pre-treated before mixing with other wastewater. The combined discharge shall conform to the discharge norms given in Schedule-III.
	(*g*) Discarded linen, mattresses, beddings contaminated with blood or body fluid.	Non-chlorinated yellow plastic bags or suitable packing material	Non-chlorinated chemical disinfection followed by incineration or Plazma Pyrolysis or for energy recovery. In absence of above facilities, shredding or mutilation or

1	2	3	4
			combination of sterilization and shredding. Treated waste to be sent for energy recovery or incineration or Plazma Pyrolysis.
	(*h*) *Microbiology, Biotechnology and other clinical laboratory waste:* Blood bags, Laboratory cultures, stocks or specimens of microorganisms, live or attenuated vaccines, human and animal cell cultures used in research, industrial laboratories, production of biological, residual toxins, dishes and devices used for cultures.	Autoclave safe plastic bags or containers	Pre-treat to sterilize with non-chlorinated chemicals on-site as per National AIDS Control Organisation or World Health Organisation guidelines thereafter for Incineration.
Red	*Contaminated Waste (Recyclable):* (*a*) Wastes generated from disposable items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and *fixed needle syringes*) and vaccutainers with their needles cut) and gloves.	Red coloured non-chlorinated plastic bags or containers	Autoclaving or microwaving/ /hydroclaving followed by shredding or mutilation or combination of sterilization and shredding. Treated waste to be sent to registered or authorized recyclers or for energy recovery or plastics to diesel or fuel oil *or for road making, whichever is* possible. Plastic waste should not be sent to landfill sites.
White (Trans-lucent)	*Waste sharps including Metals*: Needles, syringes with fixed needles, needles from needle tip cutter or burner, scalpels, blades, or any other contami--nated sharp object that may cause puncture and cuts. This includes both used, discarded and contaminated metal sharps	Puncture proof, Leak proof, tamper proof containers	Autoclaving or Dry Heat Sterilization followed by shredding or mutilation or encapsulation in metal container or cement concrete; combination of shredding cum autoclaving; and sent for final disposal to iron foundries (having consent to operate from the State Pollution Control Boards or Pollution Control Committees) or sanitary landfill or designated concrete waste sharp pit.
Blue	(*a*) *Glassware*: Broken or discarded and contaminated glass including medicine vials and ampoules except those contaminated with cytotoxic wastes.	Cardboard boxes with blue colored marking	Disinfection (by soaking the washed glass waste after cleaning with detergent and Sodium Hypochlorite treatment) or through autoclaving or microwaving or hydroclaving and then sent for recycling.
	(*b*) *Metallic Body Implants*	Cardboard boxes with blue colored marking	

*Disposal by deep burial is permitted only in rural or remote areas where there is no access to common bio-medical waste treatment facility. This will be carried out with prior approval from the prescribed authority and as per the Standards specified in Schedule-III. The deep burial facility shall be located as per the provisions and guidelines issued by Central Pollution Control Board from time to time.

———————

Part-2

(*1*) All plastic bags shall be as per BIS standards as and when published, till then the prevailing Plastic Waste Management Rules shall be applicable.

(*2*) Chemical treatment using at least 10% Sodium Hypochlorite having 30% residual chlorine for twenty minutes or any other equivalent chemical reagent that should demonstrate Log_{10} 4 reduction efficiency for microorganisms as given in Schedule-III.

(*3*) Mutilation or shredding must be to an extent to prevent unauthorized reuse.

(*4*) There will be no chemical pretreatment before incineration, except for microbiological, lab and highly infectious waste.

(*5*) Incineration ash (ash from incineration of any bio-medical waste) shall be disposed through hazardous waste treatment, storage and disposal facility, if toxic or hazardous constituents are present beyond the prescribed limits as given in the Hazardous Waste (Management, Handling and Transboundary Movement) Rules, 2008 or as revised from time to time.

(*6*) Dead Fetus below the viability period (as per the Medical Termination of Pregnancy Act 1971, amended from time to time) can be considered as human anatomical waste. Such waste should be handed over to the operator of common bio-medical waste treatment and disposal facility in yellow bag with a copy of the official Medical Termination of Pregnancy certificate from the Obstetrician or the Medical Superintendent of hospital or healthcare establishment.

(*7*) Cytotoxic drug vials shall not be handed over to unauthorised person under any circumstances. These shall be sent back to the manufactures for necessary disposal at a single point. As a second option, these may be sent for incineration at common bio-medical waste treatment and disposal facility or TSDFs or plasma pyrolys is at temperature $>1200^{0}C$.

(*8*) Residual or discarded chemical wastes, used or discarded disinfectants and chemical sludge can be disposed at hazardous waste treatment, storage and disposal facility. In such case, the waste should be sent to hazardous waste treatment, storage and disposal facility through operator of common bio-medical waste treatment and disposal facility only.

(*9*) On-site pre-treatment of laboratory waste, microbiological waste, blood samples, blood bags should be disinfected or sterilized as per the Guidelines of World Health Organisation or National AIDS Control Organisation and then given to the common bio-medical waste treatment and disposal facility.

(*10*) Installation of in-house incinerator is not allowed. However in case there is no common biomedical facility nearby, the same may be installed by the occupier after taking authorisation from the State Pollution Control Board.

(*11*) Syringes should be either mutilated or needles should be cut and or stored in tamper proof, leak proof and puncture proof containers for sharps storage. Wherever the occupier is not linked to a disposal facility it shall be the responsibility of the occupier to sterilize and dispose in the manner prescribed.

(*12*) Bio-medical waste generated in households during healthcare activities shall be segregated as per these rules and handed over in separate bags or containers to municipal waste collectors. Urban Local Bodies shall have tie up with the common bio-medical waste treatment and disposal facility to pickup this waste from the Material Recovery Facility (MRF) or from the house hold directly, for final disposal in the manner as prescribed in this Schedule.

SCHEDULE II

[*See* rule 4(*t*), 7(*1*) and 7(*6*)]

STANDARDS FOR TREATMENT AND DISPOSAL OF BIO-MEDICAL WASTES

1. *Standards for Incineration*.— All incinerators shall meet the following operating and emission standards—

A. *Operating Standards*

(1) Combustion Efficiency (CE) shall be at least 99.00%.

(2) The Combustion Efficiency is computed as follows:

$$C.E. = \frac{\%CO_2}{\%CO_2 + \%\ CO} \times 100$$

(3) The temperature of the primary chamber shall be a minimum of 800 ^{0}C and the secondary chamber shall be minimum of 1050^{0}C + or - 50^{0}C.

(4) The secondary chamber gas residence time shall be at least two seconds.

B. *Emission Standards*

Sl. No.	Parameter	Standards	
		Limiting concentration in mg Nm^3 unless stated	Sampling Duration in minutes, unless stated
1	2	3	4
1.	Particulate matter	50	30 or 1NM^3 of sample volume, whichever is more
2.	Nitrogen Oxides NO and NO_2 expressed as NO_2	400	30 for online sampling or grab sample
3.	HCl	50	30 or 1NM^3 of sample volume, whichever is more
4.	Total Dioxins and Furans	0.1ngTEQ/Nm^3 (at 11% O2)	8 hours or 5NM^3 of sample volume, whichever is more
5.	Hg and its compounds	0.05	2 hours or 1NM^3 of sample volume, whichever is more

C. *Stack Height:*— Minimum stack height shall be 30 meters above the ground and shall be attached with the necessary monitoring facilities as per requirement of monitoring of 'general parameters' as notified under the Environment (Protection) Act, 1986 and in accordance with the Central Pollution Control Board Guidelines of Emission Regulation Part-III.

Note: (*a*) The existing incinerators shall comply with the above within a period of two years from the date of the notification.

(*b*) The existing incinerators shall comply with the standards for Dioxins and Furans of 0.1ngTEQ Nm^3, as given below within two years from the date of commencement of these rules.

(*c*) All upcoming common bio-medical waste treatment facilities having incineration facility or captive incinerator shall comply with standards for Dioxins and Furans.

(*d*) The existing secondary combustion chambers of the incinerator and the pollution control devices shall be suitably retrofitted, if necessary, to achieve the emission limits.

(*e*) Wastes to be incinerated shall not be chemically treated with any chlorinated disinfectants.

(*f*) Ash from incineration of biomedical waste shall be disposed of at common hazardous waste treatment and disposal facility. However, it may be disposed of in municipal landfill, if the toxic metals in incineration ash are within the regulatory quantities as defined under the Hazardous Waste (Management and Handling and Transboundary Movement) Rules, 2008 as amended from time to time.

(*g*) Only low Sulphur fuel like Light Diesel Oil or Low Sulphur Heavy Stock or Diesel, Compressed Natural Gas, Liquefied Natural Gas or Liquefied Petroleum Gas shall be used as fuel in the incinerator.

(*h*) The occupier or operator of a common bio-medical waste treatment facility shall monitor the stack gaseous emissions (under optimum capacity of the incinerator) once in three months through a laboratory approved under the Environment (Protection) Act, 1986 and record of such analysis results shall be maintained and submitted to the prescribed authority. In case of dioxins and furans, monitoring should be done once in a year.

(*i*) The occupier or operator of the common bio-medical waste treatment facility shall install continuous emission monitoring system for the parameters as stipulated by State Pollution Control Board or Pollution Control Committees in authorisation and transmit the data real time to the servers at State Pollution Control Board or Pollution Control Committees and Central Pollution Control Board.

(*j*) All monitored values shall be corrected to 11% Oxygen on dry basis.

(*k*) Incinerators (combustion chambers) shall be operated with such temperature, retention time and turbulence, as to achieve Total Organic Carbon content in the slag and bottom ashes less than 3% or their loss on ignition shall be less than 5% of the dry weight.

(*l*) The occupier or operator of a common bio-medical waste incinerator shall use combustion gas analyzer to measure CO_2, CO and O_2.

2. *Operating and Emission Standards for Disposal by Plasma Pyrolysis or Gasification*:

A. *Operating Standards:*

All the operators of the Plasma Pyrolysis or Gasification shall meet the following operating and emission standards:

(1) Combustion Efficiency (CE) shall be at least 99.99%.

(2) The Combustion Efficiency is computed as follows.

$$C.E = \frac{\%\ CO_2}{(\%\ CO_2 + \%\ CO)} \times 100$$

(3) The temperature of the combustion chamber after plasma gasification shall be 1050 ± 50^0C with gas residence time of at least 2(two) second, with minimum 3 % Oxygen in the stack gas.

(4) The Stack height should be minimum of 30 m above ground level and shall be attached with the necessary monitoring facilities as per requirement of monitoring of 'general parameters' as notified under the Environment (Protection) Act, 1986 and in accordance with the CPCB Guidelines of Emission Regulation Part-III.

B. *Air Emission Standards and Air Pollution Control Measures,—*

(*i*) Emission standards for incinerator, notified at Sl. No.1 above in this Schedule, and revised from time to time, shall be applicable for the Plasma Pyrolysis or Gasification also.

(*ii*) Suitably designed air pollution control devices shall be installed or retrofitted with the 'Plasma Pyrolysis or Gasification to achieve the above emission limits, if necessary.

(*iii*) Wastes to be treated using Plasma Pyrolysis or Gasification shall not be chemically treated with any chlorinated disinfectants and chlorinated plastics shall not be treated in the system.

C. *Disposal of Ash Vitrified Material*: The ash or vitrified material generated from the 'Plasma Pyrolysis or Gasification shall be disposed off in accordance with the Hazardous Waste (Management, Handling and Transboundary Movement) Rules, 2008 and revisions made thereafter in case the constituents exceed the limits prescribed under Schedule II of the said Rules or else in accordance with the provisions of the Environment (Protection) Act, 1986, whichever is applicable.

3. *Standards for Autoclaving of Bio-medical Waste.*— The autoclave should be dedicated for the purposes of disinfecting and treating bio-medical waste.

(*1*) When operating a gravity flow autoclave, medical waste shall be subjected to:—

(*i*) a temperature of not less than 121°C and pressure of 15 pounds per square inch (psi) for an autoclave residence time of not less than 60 minutes; or

(*ii*) a temperature of not less than 135°C and a pressure of 31 psi for an autoclave residence time of not less than 45 minutes; or

(*iii*) a temperature of not less than 149°C and a pressure of 52 psi for an autoclave residence time of not less than 30 minutes.

(*2*) When operating a vacuum autoclave, medical waste shall be subjected to a minimum of three pre-vacuum pulse to purge the autoclave of all air. The air removed during the pre-vacuum, cycle should be decontaminated by means of HEPA and activated carbon filtration, steam treatment, or any other method to prevent release of pathogen. The waste shall be subjected to the following:—

(*i*) a temperature of not less than 121°C and pressure of 15 psi per an autoclave residence time of not less than 45 minutes; or

(*ii*) a temperature of not less than 135°C and a pressure of 31 psi for an autoclave residence time of not less than 30 minutes.

(*3*) Medical waste shall not be considered as properly treated unless the time, temperature and pressure indicators indicate that the required time, temperature and pressure were reached during the autoclave process. If for any reasons, time temperature or pressure indicator indicates that the required temperature, pressure or residence time was not reached, the entire load of medical waste must be autoclaved again until the proper temperature, pressure and residence time were achieved.

(*4*) *Recording of operational parameters:*— Each autoclave shall have graphic or computer recording devices which will automatically and continuously monitor and record dates, time of day, load identification number and operating parameters throughout the entire length of the autoclave cycle.

(*5*) *Validation test for autoclave:*— The validation test shall use four biological indicator strips, one shall be used as a control and left at room temperature, and three shall be placed in the approximate center of three containers with the waste. Personal protective equipment (gloves, face mask and coveralls) shall be used when opening containers for the purpose of placing the biological indicators. At least one of the containers with a biological indicator should be placed in the most difficult location for steam to penetrate, generally the bottom center of the waste pile. The occupier or operator shall conduct this test three consecutive times to define the minimum operating conditions. The temperature, pressure and residence time at which all biological indicator vials or strips for three consecutive tests show complete inactivation of the spores shall define the minimum operating conditions for the autoclave. After determining the minimum temperature, pressure and residence time, the occupier or operator of a common biomedical waste treatment facility shall conduct this test once in three months and records in this regard shall be maintained.

(*6*) *Routine Test*:— A chemical indicator strip or tape that changes colour when a certain temperature is reached can be used to verify that a specific temperature has been achieved. It may be necessary to use more than one strip over the waste package at different locations to ensure that the inner content of the package has been adequately autoclaved. The occupier or operator of a common bio medical waste treatment facility shall conduct this test during autoclaving of each batch and records in this regard shall be maintained.

(7) *Spore testing*:— The autoclave should completely and consistently kill the approved biological indicator at the maximum design capacity of each autoclave unit. Biological indicator for autoclave shall be Geobacillusstearothermophilus spores using vials or spore Strips; with at least $1X10^6$ spores. Under no circumstances will an autoclave have minimum operating parameters less than a residence time of 30 minutes, a temperature less than 121° C or a pressure less than 15 psi. The occupier or operator of a common bio medical waste treatment and disposal facility shall conduct this test at least once in every week and records in this regard shall be maintained.

4. *Standards of Microwaving*.— (*1*) Microwave treatment shall not be used for cytotoxic, hazardous

or radioactive wastes, contaminated animal carcasses, body parts and large metal items.

(*2*) The microwave system shall comply with the efficacy test or routine tests and a performance guarantee may be provided by the supplier before operation of the limit.

(*3*) The microwave should completely and consistently kill the bacteria and other pathogenic organisms that are ensured by approved biological indicator at the maximum design capacity of each microwave unit. Biological indicators for microwave shall be Bacillus atrophaeusspores using vials or spore strips with at least $1x10^4$ spores per detachable strip. The biological indicator shall be placed with waste and exposed to same conditions as the waste during a normal treatment cycle.

5. *Standards for Deep Burial*.— (*1*) A pit or trench should be dug about two meters deep. It should be half filled with waste, then covered with lime within 50 cm of the surface, before filling the rest of the pit with soil.

(*2*) It must be ensured that animals do not have any access to burial sites. Covers of galvanised iron or wire meshes may be used.

(*3*) On each occasion, when wastes are added to the pit, a layer of 10 cm of soil shall be added to cover the wastes.

(*4*) Burial must be performed under close and dedicated supervision.

(*5*) The deep burial site should be relatively impermeable and no shallow well should be close to the site.

(*6*) The pits should be distant from habitation, and located so as to ensure that no contamination occurs to surface water or ground water. The area should not be prone to flooding or erosion.

(*7*) The location of the deep burial site shall be authorised by the prescribed authority.

(*8*) The institution shall maintain a record of all pits used for deep burial.

(*9*) The ground water table level should be a minimum of six meters below the lower level of deep burial pit.

6. *Standards for Efficacy of Chemical Disinfection*.— Microbial inactivation efficacy is equated to "Log10 kill" which is defined as the difference between the logarithms of number of test microorganisms before and after chemical treatment. Chemical disinfection methods shall demonstrate a 4 Log10 reduction or greater for Bacillus Subtilis (ATCC 19659) in chemical treatment systems.

7. *Standards for Dry Heat Sterilization*.—Waste sharps can be treated by dry heat sterilization at a temperature not less than 185^0C, at least for a residence period of 150 minutes in each cycle, which sterilization period of 90 minutes. There should be automatic recording system to monitor operating parameters.

(*i*) Validation test for Shaprs sterilization unit

Waste shaprs sterilization unit should completely and consistently kill the biological indicator GeobacillusStearothermophillus or Bacillus Atropheausspoers using vials with at least log10 6 spores per ml. The test shall be carried out once in three months

(*ii*) *Routine test*

A chemical indicator strip or tape that changes colour when a certain temperature is reached can be used to verify that a specific temperature has been achieved. It may be necessary to use more than one strip over the waste to ensure that the inner content of the sharps has been adequately disinfected. This test shall be performed once in week and records in this regard shall be maintained.

8. Standards for Liquid Waste.— (*1*) The effluent generated or treated from the premises of occupier or operator of a common bio medical waste treatment and disposal facility, before discharge into the sewer should conform to the following limits—

Parameters	Permissible Limits
pH	6.5-9.0
Suspended solids	100 mg/l
Oil and grease	10 mg/l
BOD	30 mg/l
COD	250 mg/l
Bio-assay test	90% survival of fish after 96 hours in 100% effluent.

(*2*) Sludge from Effluent Treatment Plant shall be given to common bio-medical waste treatment facility for incineration or to hazardous waste treatment, storage and disposal facility for disposal.

SCHEDULE III

[*See* rule 6 and 9(3)]

List of Prescribed Authorities and the Corresponding Duties

Sl. No.	Authority	Corresponding Duties
(1)	(2)	(3)
1.	Ministry of Environment, Forest and Climate Change, Government of India	(i) Making Policies concerning bio-medical waste Management in the Country including notification of Rules and amendments to the Rules as and when required. (ii) Providing financial assistance for training and awareness programmes on bio-medical waste management related activities to for the State Pollution Control Boards or Pollution Control Committees. (iii) Facilitating financial assistance for setting up or up-gradation of common bio-medical waste treatment facilities. (iv) Undertake or support operational research and assessment with reference to risks to environment and health due to bio-medical waste and previously unknown disposables and wastes from new types of equipment. (v) Constitution of Monitoring Committee for implementation of the rules. (vi) Hearing Appeals and give decision made in Form-V against order passed by the prescribed authorities. (vii) Develop Standard manual for Trainers and Training. (viii) Notify the standards or operating parameters for new technologies for treatment of bio medical waste other than those listed in Schedule-I.
2.	Central or State Ministry of Health and Family Welfare, Central Ministry for Animal Husbandry and Veterinary or State Department of Animal Husbandry and Veterinary.	(i) Grant of license to health care facilities or nursing homes or veterinary establishments with a condition to obtain authorisation from the prescribed authority for bio-medical waste management. (ii) Monitoring, Refusal or Cancellation of license for health care facilities or nursing homes or veterinary establishments for violations of conditions of authorisation or provisions under these Rules. (iii) Publication of list of registered health care facilities with regard to bio-medical waste generation, treatment and disposal.

(1)	(2)	(3)
		(iv) Undertake or support operational research and assessment with reference to risks to environment and health due to bio-medical waste and previously unknown disposables and wastes from new types of equipment. (v) Coordinate with State Pollution Control Boards for organizing training programmes to staff of health care facilities and municipal workers on bio-medical waste. (vi) Constitution of Expert Committees at National or State level for overall review and promotion of clean or new technologies for bio-medical waste management. (vii) Organizing or Sponsoring of trainings for the regulatory authorities and health care facilities on bio-medical waste management related activities. (viii) Sponsoring of mass awareness campaigns in electronic media and print media.
3.	Ministry of Defence	(i) Grant and renewal of authorisation to Armed Forces health care facilities or common bio-medical waste treatment facilities (Rule 9). (ii) Conduct training courses for authorities dealing with management of bio-medical wastes in Armed Forces health care facilities or treatment facilities in association with State Pollution Control Boards or Pollution Control Committees or Central Pollution Control Board or Ministry of Environment, Forest and Climate Change. (iii) Publication of inventory of occupiers and bio-medical waste generation from Armed Forces health care facilities or occupiers. (iv) Constitution of Advisory Committee for implementation of the rules. (v) Review of management of bio-medical waste generation in the Armed Forces health care facilities through its Advisory Committee (Rule 11). (vi) Submission of annual report to Central Pollution Control Board within the stipulated time period (Rule 13).
4.	Central Pollution Control Board	(i) Prepare Guidelines on bio-medical waste Management and submit to the Ministry of Environment, Forest and Climate Change. (ii) Co-ordination of activities of State Pollution Control Boards or Pollution Control Committees on bio-medical waste. (iii) Conduct training courses for authorities dealing with management of bio-medical waste. (iv) Lay down standards for new technologies for treatment and disposal of bio-medical waste (Rule 7) and prescribe specifications for treatment and disposal of bio-medical wastes (Rule 7).

(1)	(2)	(3)
		(v) Lay down Criteria for establishing common bio-medical waste treatment facilities in the Country. (vi) Random inspection or monitoring of health care facilities and common bio-medical waste treatment facilities. (vii) Review and analysis of data submitted by the State Pollution Control Boards on bio-medical waste and submission of compiled information in the formof annual report along with its observations to Ministry of Environment, Forest and Climate Change. (viii) Inspection and monitoring of health care facilities operated by the Director General, Armed Forces Medical Services (Rule 9). (ix) Undertake or support research or operational research regarding bio-medical waste.
5.	State Government of Health or Union Territory Government or Administration	(i) To ensure implementation of the rule in all health care facilities or occupiers. (ii) Allocation of adequate funds to Government health care facilities for bio-medical waste management. (iii) Procurement and allocation of treatment equipments and make provision for consumables for bio-medical waste management in Government health care facilities. (iv) Constitute State or District Level Advisory Committees under the District Magistrate or Additional District Magistrate to oversee the bio-medical waste management in the Districts. (v) Advise State Pollution Control Boards or Pollution Control Committees on implementation of these Rules. (vi) Implementation of recommendations of the Advisory Committee in all the health care facilities.
6.	State Pollution Control Boards or Pollution Control Committees	(i) Inventorisation of Occupiers and data on bio--medical waste generation, treatment & disposal. (ii) Compilation of data and submission of the same in annual report to Central Pollution Control Board within the stipulated time period. (iii) Grant and renewal, suspension or refusal cancellation or of authorisation under these rules (Rule 7, 8 and 10). (iv) Monitoring of compliance of various provisions and conditions of authorisation. (v) Action against health care facilities or common bio-medical waste treatment facilities for violation of these rules (Rule 18). (vi) Organizing training programmes to staff of health care facilities and common bio-medical waste treatment facilities and State Pollution Control Boards or Pollution

(1)	(2)	(3)
		Control Committees Staff on segregation, collection, storage, transportation, treatment and disposal of bio--medical wastes. (vii) Undertake or support research or operational research regarding bio-medical waste management. (viii) Any other function under these rules assigned by Ministry of Environment, Forest and Climate Change or Central Pollution Control Board from time to time. (ix) Implementation of recommendations of the Advisory Committee. (x) Publish the list of Registered or Authorised (or give consent) Recyclers. (xi) Undertake and support third party audits of the common bio-medical waste treatment facilities in their State.
7.	Municipalities or Corporations, Urban Local Bodies and Gram Panchayats	(i) Provide or allocate suitable land for development of common bio-medical waste treatment facilities in their respective jurisdictions as per the guidelines of Central Pollution Control Board. (ii) Collect other solid waste (other than the bio-medical waste) from the health care facilities as per the Municipal Solid Waste (Management and handling) Rules, 2000 or as amended time to time. (iii) Any other function stipulated under these Rules.

SCHEDULE IV

[*See* rule 8(*3*) and (*5*)]

Part A

Label for Bio-medical Waste Containers or Bags

HANDLE WITH CARE

CYTOTOXIC HAZARDSYMBOL

HANDLE WITH CARE

Part B

Label for Transporting Bio-medical Waste Bags or Containers

Day ..... Month .....
Year .....
Date of generation .....

Waste category Number .....
Waste quantity…..……

Sender's Name and Address:	Receiver's Name and Address:
Phone Number	Phone Number .....
Fax Number	Fax Number .....
Contact Person	Contact Person .....

In case of emergency please contact:
Name and Address: .....
Phone No. .....

Note: Label shall be non-washable and prominently visible.

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FORM–I

[(*See* rule 4(*o*), 5(*i*) and 15 (*2*)]

ACCIDENT REPORTING

1. Date and time of accident:
2. Type of Accident:
3. Sequence of events leading to accident:
4. Has the Authority been informed immediately:
5. The type of waste involved in accident:
6. Assessment of the effects of the accidents on human health and the environment:
7. Emergency measures taken:
8. Steps taken to alleviate the effects of accidents:
9. Steps taken to prevent the recurrence of such an accident:
10. Does you facility has an Emergency Control policy?
    If yes give details:

Date: …… Signature …….

Place: …… Designation ……..

FORM-II

(*See* rule 10)

APPLICATION FOR AUTHORISATION OR RENEWAL OF AUTHORISATION

(To be submitted by occupier of health care facility or common bio-medical waste treatment facility)

To
The Prescribed Authority
(Name of the State or UT Administration)
Address.

1. Particulars of Applicant:

   (i) Name of the Applicant: .....
   (In block letters & in full)

   (ii) Name of the health care facility (HCF) or common bio-medical waste treatment facility (CBWTF):

   (iii) Address for correspondence:

   (iv) Tele No.: Fax No.:

   (v) Email:

   (vi) Website Address:

2. Activity for which authorisation is sought:

Activity	Please tick
Generation, segregation	
Collection	
Storage	
packaging	
Reception	
Transportation	
Treatment or processing or conversion	
Recycling	
Disposal or destruction	
use	
offering for sale, transfer	
Any other form of handling	

3. Application for fresh or renewal of authorisation (please tick whatever is applicable):

   (i) Applied for CTO/CTE Yes/No

   (ii) In case of renewal previous authorisation number and date: .....

   (iii) Status of Consents:

   (a) under the Water (Prevention and Control of Pollution) Act, 1974: .....

   (b) under the Air (Prevention and Control of Pollution) Act, 1981: .....

4. (i) Address of the health care facility (HCF) or common bio-medical waste treatment facility (CBWTF):

   (ii) GPS coordinates of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF):

5. Details of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF):

   (i) Number of beds of HCF:

(ii) Number of patients treated per month by HCF:

(iii) Number healthcare facilities covered by CBMWTF: .....

(iv) No of beds covered by CBMWTF: .....

(v) Installed treatment and disposal capacity of CBMWTF: ..... Kg per day.

(vi) Quantity of biomedical waste treated or disposed by CBMWTF: ..... Kg/day.

(vii) Area or distance covered by CBMWTF: .....

(pl. attach map a map with GPS locations of CBMWTF and area of coverage)

(viii) Quantity of Bio-medical waste handled, treated or disposed:

Category	Type of Waste	Quantity Generated or Collected, kg/day	Method of Treatment and Disposal (Refer Schedule-I)
(1)	(2)	(3)	(4)
Yellow	(a) Human Anatomical Waste:		
	(b) Animal Anatomical Waste:		
	(c) Soiled Waste:		
	(d) Expired or Discarded Medicines:		
	(e) Chemical Solid Waste:		
	(f) Chemical Liquid Waste:		
	(g) Discarded linen, mattresses, beddings contaminated with blood or body fluid.		
	(h) Microbiology, Biotechnology and other clinical laboratory waste:		
Red	Contaminated Waste (Recyclable)		
White (Trans--lucent)	Waste sharps including Metals:		
Blue	Glassware:		
	Metallic Body Implants		

6. Brief description of arrangements for handling of biomedical waste (attach details):

(i) Mode of transportation (if any) of bio-medical waste:

(ii) Details of treatment equipment (please give details such as the number, type & capacity of each unit)

	No of units	Capacity of each unit
Incinerators:		
Plasma Pyrolysis:		
Autoclaves:		
Microwave:		
Hydroclave:		
Shredder:		
Needle tip cutter or destroyer:		
Sharps encapsulation or concrete pit:		
Deep burial pits:		
Chemical disinfection:		
Any other treatment equipment:		

7. Contingency plan of common bio-medical waste treatment facility (CBWTF) (attach documents):

8. Details of directions or notices or legal actions if any during the period of earlier authorisation

9. 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: Signature of the Applicant

Place: Designation of the Applicant

———————

FORM–III

(*See* rule 10)

AUTHORISATION

(Authorisation for operating a facility for generation, collection, reception, treatment, storage, transport and disposal of biomedical wastes)

1. File number of authorisation and date of issue .....

2. M/s. ..... an occupier or operator of the facility located at .... is hereby granted an authorisation for;

Activity	Please tick
Generation, segregation	
Collection	
Storage	
packaging	
Reception	
Transportation	
Treatment or processing or conversion	
Recycling	
Disposal or destruction	
use	
offering for sale, transfer	
Any other form of handling	

3. M/s. ..... is hereby authorized for handling of biomedical waste as per the capacity given below;

(i) Number of beds of HCF: .....

(ii) Number healthcare facilities covered by CBMWTF: .....

(iii) Installed treatment and disposal capacity: ..... Kg per day

(iv) Area or distance covered by CBMWTF: .....

(v) Quantity of Biomedical waste handled, treated or disposed:

Type of Waste Category	Quantity permitted for Handling
Yellow	
Red	
White (Translucent)	
Blue	

3. This authorisation shall be in force for a period of ……. years from the date of issue.

4. This authorisation is subject to the conditions stated below and to such other conditions as may be specified in the rules for the time being in force under the Environment (Protection) Act, 1986.

Date: ……. Signature ……..
Place: …… Designation ……..

Terms and conditions of authorisation *

1. The authorisation shall comply with the provisions of the Environment (Protection) Act, 1986 and the rules made there under.

2. The authorisation or its renewal shall be produced for inspection at the request of an officer authorised by the prescribed authority.

3. The person authorized shall not rent, lend, sell, transfer or otherwise transport the biomedical wastes without obtaining prior permission of the prescribed authority.

4. Any unauthorised change in personnel, equipment or working conditions as mentioned in the application by the person authorised shall constitute a breach of his authorisation.

5. It is the duty of the authorised person to take prior permission of the prescribed authority to close down the facility and such other terms and conditions may be stipulated by the prescribed authority.

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FORM – IV

(*See* rule 13)

ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Sl. No.	Particulars		
1	2		3
1.	Particulars of the Occupier :		
(i)	Name of the authorised person (occupier or operator of facility)	:	
(ii)	Name of HCF or CBMWTF	:	
(iii)	Address for Correspondence	:	
(iv)	Address of Facility	:	
(v)	Tel. No. Fax. No.	:	
(vi)	E-mail ID	:	
(vii)	URL of Website	:	
(viii)	GPS coordinates of HCF or CBMWTF	:	
(ix)	Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
(x)	Status of Authorisation under the Bio-medical Waste (Management and Handling) Rules	:	Authorisation No.: ……. valid up to…… .

1	2	3
	(xi) Status of Consents under Water Act and Air Act	: Valid up to:
2.	Type of Health Care Facility	:
	(i) Bedded Hospital	: No. of beds: …..
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:
	(iii) License number and its date of expiry	:
3.	Details of CBMWTF	:
	(i) Number healthcare facilities covered by CBMWTF	:
	(ii) No. of beds covered by CBMWTF	:
	(iii) Installed treatment and disposal capacity of CBMWTF:	: ..... Kg per day
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	: ..... Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	: Yellow Category: Red Category: White: Blue Category: General Solid waste:
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility	
	(i) Details of the on-site storage facility	: Size: Capacity: Provision of on-site storage: (cold storage or any other provision)

(ii) Details of the treatment or: disposal facilities	Type of treatment equipment	No. of units	Cap--acity Kg/ /day	Qty. treated or disposed in kg per annum
	Incinerators			
	Plasma Pyrolysis			
	Autoclaves			
	Microwave			
	Hydroclave			
	Shredder			
	Needle tip cutter or destroyer		-	
	Sharps encapsulation or concrete pit		-	
	Deep burial pits:			
	Chemical disinfection:		-	
	Any other treatment equipment:			

1	2	3		
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	: Red Category (like plastic, glass etc.)		
	(iv) No. of vehicles used for collection and transportation of biomedical waste	:		
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity generated	Where disposed
		Incineration Ash		
		ETP Sludge		
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:		
	(vii) List of member HCF not handed over bio-medical waste.			
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period			
7	Details trainings conducted on BMW (i) Number of trainings conducted on BMW Management. (ii) number of personnel trained (iii) number of personnel trained at the time of induction (iv) number of personnel not undergone any training so far (v) whether standard manual for training is available? (vi) any other information)			
8	Details of the accident occurred during the year (i) Number of Accidents occurred (ii) Number of the persons affected (iii) Remedial Action taken (Please attach details if any) (iv) Any Fatality occurred, details.			
9	Are you meeting the standards of air pollution from the incinerator? How many times in last year could not met the standards? Details of continuous online emission monitoring systems installed			
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?			
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?			

1	2	3
12 Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from
……
……
……
……..

Date: Name and Signature of the Head of the Institution

Place:

———————

FORM–V

(*See* rule 16)

Application for filing appeal against order passed by the prescribed authority

1. Name and address of the person applying for appeal:

2. Number, date of order and address of the authority which passed the order, against which appeal is being made (certified copy of order to be attached):

3. Ground on which the appeal is being made:

4. List of enclosures other than the order referred in para 2 against which appeal is being filed:

Signature .....
Date: Name and Address .....

[F. No. 3-1/2000-HSMD]

BISHWANATH SINHA,
Joint secretary to the Government of India.

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Department of Transport

Directorate of Transport

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Notification

D.Tpt/EST/2434/2016/1872

Whereas draft rules which the Government of Goa proposes to make were pre-published as required by sub-section (*1*) of section 24 of the Goa, Daman and Diu Motor Vehicles Tax Act, 1974 (Act No. 8 of 1974), in the Official Gazette, Series I No. 4, dated 28-4-2016, vide Notification No. D.Tpt/EST/2434/2016/1425 dated 26-4-2016 of the Directorate of Transport, Panaji, inviting objections and suggestions from all persons likely to be affected thereby before the expiry of fifteen days from the date of publication of the said Notification in the Official Gazette;

And whereas, the said Official Gazette was made available to the public on 28-4-2016;

And whereas, no objections and suggestions have been received from the public on the said draft rules by the Government.

Now, therefore, in exercise of the powers conferred by sub-sections (*1*) and (*2*) of section 24 of the Goa, Daman and Diu Motor Vehicles Tax Act, 1974 (Act No. 8 of 1974), and all other powers enabling it in this behalf, the Government of Goa hereby makes the following rules so as to further amend the Goa, Daman and Diu Motor Vehicles Tax Rules, 1974, namely:—

1. *Short title and commencement.*— (*1*) These rules may be called the Goa Motor Vehicles Tax (Amendment) Rules, 2016.

(*2*) They shall come into force from the date of their publication in the Official Gazette.

2. *Amendment of Schedule.*— In the Schedule appended to the Goa, Daman and Diu Motor Vehicles Tax Rules, 1974, in PART 'A', in item A, in sub-item Ia, for the letters and figures "Rs. 1,000" the letters and figures "Rs. 1,200" shall be substituted.

By order and in the name of the Governor of Goa.

Sunil Masurkar, Director & ex officio Joint Secretary (Transport).

Panaji, 8th June, 2016.

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