

FORM—V
(See Rule-13)

APPLICATION FOR FILING APPEAL AGAINST ORDER PASSED BY THE PRESCRIBED
AUTHORITY AT DISTRICT LEVEL OR REGIONAL OFFICE OF THE POLLUTION CONTROL
BOARD ACTING AS PRESCRIBED AUTHORITY OR THE STATE/UNION TERRITORY LEVEL
AUTHORITY

(Under Rule 13 of Bio-Medical Waste (Management & Handling) Rules, 1998)

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.

Date.....

Signature.....

[Name and Address.....]
