



## My Applications

Sr No.	UAN No.	Application Type	Application Date	Status	Action
1	MPCB-BMW_ANNUAL_REPORT-0000004847	BIO-MEDICAL WASTE ANNUAL REPORT	28-05-2021	Submitted	<a href="#">Download</a>   <a href="#">MPCB Documents</a>
2	MPCB-BMW_AUTH-0000032193	BIO-MEDICAL WASTE AUTHORIZATION	18-02-2021	Submitted	<a href="#">Download</a>   <a href="#">Payment</a>   <a href="#">MPCB Documents</a>
3	MPCB-E_WASTE_ANNUAL_REPORT_NEW-0000001629	E-WASTE ANNUAL REPORT	24-06-2020	Submitted	<a href="#">Download</a>   <a href="#">MPCB Documents</a>
4	MPCB-BMW_ANNUAL_REPORT-0000003130	BIO-MEDICAL WASTE ANNUAL REPORT	10-06-2020	Submitted	<a href="#">Download</a>   <a href="#">MPCB Documents</a>
5	MPCB-E_WASTE_ANNUAL_REPORT_NEW-0000000878	E-WASTE ANNUAL REPORT	28-06-2019	Submitted	<a href="#">Download</a>   <a href="#">MPCB Documents</a>
6	MPCB-BMW_ANNUAL_REPORT-0000002297	BIO-MEDICAL WASTE ANNUAL REPORT	17-06-2019	Submitted	<a href="#">Download</a>   <a href="#">MPCB Documents</a>
7	MPCB-BMW_ANNUAL_REPORT-0000002008	BIO-MEDICAL WASTE ANNUAL REPORT	22-01-2019	Submitted	<a href="#">Download</a>   <a href="#">MPCB Documents</a>
8	MPCB-BMW_AUTH-0000013419	BIO-MEDICAL WASTE AUTHORIZATION	07-02-2018	Approved	<a href="#">Download</a>   <a href="#">Payment</a>   <a href="#">MPCB Documents</a>

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**Form - IV**  
(See rule 13)  
BMW ANNUAL REPORT - 2020

<b>Application Type:</b> HCF	<b>Financial Year</b> 2020	Submit To SRO-Pune I
<b>Member of CBMWTF:</b> Yes		
<b>Type of Health Care Facility</b> Bedded		
<b>1) Particulars</b>		
<b>i) First Name</b> Dr. Kiran	<b>ii) Middle Name</b> Dnyanadev	<b>iii) Last Name</b> Sathe
<b>iv) Designation</b> Manager Operations	<b>v) Mobile No.</b> 982622535963	<b>vi) Email</b> [REDACTED]
<b>vii) Address as per Aadhaar Card</b> Flat No. 34, Vishwas Apartment, Behind Kamla Devi Hospital, Vadgaon budruk, Pune - 411041	<b>viii) Tel. No.</b> 9673332682	<b>ix) Fax No.</b> 02067213700
<b>x) e-mail</b> kiran.sathe@sahyadrihospitals.com	<b>xi) URL of website</b> https://www.sahyadrihospital.com	
<b>2) Details of the HCF</b>		
<b>i) Name of the HCF</b> Sahyadri Hospitals Pvt Ltd Sahyadri Hospital Bibwewadi	<b>ii) Email</b> kiran.sathe@sahyadrihospitals.com	<b>iii) Name of the contact person</b> Dr. Kiran Sathe
<b>iv) Contact No.</b> 9673332682		
<b>3) Address of the HCF</b>		
<b>i) Building Name/Building No./Survey Number</b> Plot No. 13, Survey No. 573, CTS No. 281, Swami Vivekanand Road	<b>ii) Street / Village</b> Near Suhag Mangal Karyalaya, Bibwewadi	<b>iii) City / Taluka</b> Pune
<b>iv) District</b> Pune	<b>v) Pin-Code Number</b> 411037	<b>vi) Near by Landmark</b>
<b>vii) Latitude coordinate</b> 18.5075	<b>viii) Longitude coordinate</b> 73.8077	<b>ix) Ownership</b> Private
<b>4) Status of Consent and Authorisation under the Bio-Medical Waste (Management and Handling) Rules</b>		
<b>i) Authorization No.</b> MPCB/ROP/BMW-AUTH/2009000146/2020	<b>ii) Authorization validity Date</b> 2021-05-31	
<b>i) Consent Number</b>	<b>ii) Consent validity Date</b>	
<b>5) Total No of Beds (As per valid Authorization)</b>		37
<b>6) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)</b>		LCBT-2009-00010
<b>7) Registration Expiry Date</b>		2024-03-31
<b>8) Faculty of Medicine</b> 1		
<b>9) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of</b> M/s. Passco Environmental Solution, PMC		

**11) Details of BMW****i) Authorized BMW Quantity MT/month (as per valid CCA)**

<b>Yellow</b> 0.1800	<b>Red</b> 0.1500	<b>Blue</b> 0.0490	<b>White</b> 0.0160
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**ii) Generation of BMW Quantity (kg/day)**

<b>Yellow</b> 10.2600	<b>Red</b> 5.7200	<b>Blue</b> 2.1600	<b>White</b> 0.2600
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**iii) Quantity of Biomedical waste given to CBMWTDF (kg/day)**

<b>Yellow</b> 10.2600	<b>Red</b> 5.7200	<b>Blue</b>	<b>White</b> 0.2600	<b>General Solid Waste</b> 29.5900
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**12) Details trainings conducted on BMW****i) Number of trainings conducted on BMW Management.**

16

**ii) Number of personnel trained**

130

**iii) Number of personnel trained at the time of induction**

42

**iv) number of personnel not undergone any training so far****v) whether standard manual for training is available?**

Yes

**vi) any other information**

NA

**13) 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)**

No

**iv) Any Fatality occurred, If yes details.**

No

**14) Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?**

Yes

**15) Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?**

Yes

<b>Place</b> Pune	<b>Designation</b> Manager Operations	<b>Date</b> 28-05-2021
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