



### My Applications

Sr No.	UAN No.	Application Type	Application Date	Status	Action
1	MPCB-BMW_ANNUAL_REPORT-0000004856	BIO-MEDICAL WASTE ANNUAL REPORT	28-05-2021	Submitted	<a href="#">Download</a>   <a href="#">MPCB Documents</a>
2	MPCB-E_WASTE_ANNUAL_REPORT_NEW-E-WASTE ANNUAL REPORT 0000001621	WASTE ANNUAL REPORT	24-06-2020	Submitted	<a href="#">Download</a>   <a href="#">MPCB Documents</a>
3	MPCB-BMW_ANNUAL_REPORT-0000003230	BIO-MEDICAL WASTE ANNUAL REPORT	22-06-2020	Submitted	<a href="#">Download</a>   <a href="#">MPCB Documents</a>
4	MPCB-E_WASTE_ANNUAL_REPORT_NEW-E-WASTE ANNUAL REPORT 0000000885	WASTE ANNUAL REPORT	28-06-2019	Submitted	<a href="#">Download</a>   <a href="#">MPCB Documents</a>
5	MPCB-BMW_ANNUAL_REPORT-0000002348	BIO-MEDICAL WASTE ANNUAL REPORT	24-06-2019	Submitted	<a href="#">Download</a>   <a href="#">MPCB Documents</a>
6	MPCB-BMW_ANNUAL_REPORT-0000002015	BIO-MEDICAL WASTE ANNUAL REPORT	22-01-2019	Submitted	<a href="#">Download</a>   <a href="#">MPCB Documents</a>
7	MPCB-BMW_AUTH-0000011411 <a href="#">Download certificate</a>	BIO-MEDICAL WASTE AUTHORIZATION	20-09-2017	Approved	<a href="#">Download</a>   <a href="#">Payment</a>   <a href="#">MPCB Documents</a>



**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. Alapini	<b>ii) Middle Name</b> Madhav	<b>iii) Last Name</b> Thopte
<b>iv) Designation</b> DGM Operations	[REDACTED]	[REDACTED]
<b>vii) Address as per Aadhaar Card</b> Flat No. 408, 5th Floor, A - Wing, S. No. 84, NDA Road, Shivane, Tal. Haveli, Dist. Pune - 411023	<b>viii) Tel. No.</b> 9673338101	<b>ix) Fax No.</b>
<b>x) e-mail</b> alapini.thopte@sahyadrihospitals.com	<b>xi) URL of website</b> <a href="https://www.sahyadrihospital.com">https://www.sahyadrihospital.com</a>	
<b>2) Details of the HCF</b>		
<b>i) Name of the HCF</b> Surya Hospitals Pvt Ltd Surya Sahyadri Hospital	<b>ii) Email</b> alapini.thopte@sahyadrihospitals.com	<b>iii) Name of the contact person</b> Dr. Alapini Thopte
<b>iv) Contact No.</b> 9673338101		
<b>3) Address of the HCF</b>		
<b>i) Building Name/Building No./Survey Number</b> 1317	<b>ii) Street / Village</b> Kasba Peth	<b>iii) City / Taluka</b> Pune
<b>iv) District</b> Pune	<b>v) Pin-Code Number</b> 411011	<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/1804000638/2018	<b>ii) Authorization validity Date</b> 2021-09-30	
<b>i) Consent Number</b>	<b>ii) Consent validity Date</b>	
<b>5) Total No of Beds (As per valid Authorization)</b>		71
<b>6) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)</b>		LCBP-0506-01534
<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> 0.44000	<b>Red</b> 0.20000	<b>Blue</b> 0.08000	<b>White</b> 0.03000
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**ii) Generation of BMW Quantity (kg/day)**

<b>Yellow</b> 44.47000	<b>Red</b> 8.60000	<b>Blue</b> 2.97000	<b>White</b> 0.10000
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**iii) Quantity of Biomedical waste given to CBMWTDF (kg/day)**

<b>Yellow</b> 44.4700	<b>Red</b> 8.6000	<b>Blue</b>	<b>White</b> 0.1000	<b>General Solid Waste</b> 21.9200
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**12) Details trainings conducted on BMW****i) Number of trainings conducted on BMW Management.**

16

**ii) Number of personnel trained**

123

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

28

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

Yes

**vi) any other information****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> DGM Operations	<b>Date</b> 28-05-2021
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