



My Applications

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

**Form - IV**

(See rule 13)

ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30 th 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)]

Application Type: HCF**Member of CBMWTF:** Yes**1) Particulars**

i) First Name Dr. Jaisingh	ii) Middle Name Krishnarao	iii) Last Name Shinde
iv) Designation Managing Director	v) Aadhaar No. [REDACTED]	vi) PAN No. [REDACTED]
vii) Address as per Aadhaar Card D-6, Harmony Society, ICS Colony, Near Bhosale Nagar, Shivajinagar, Pune - 411005	viii) Tel. No. 0202451390	ix) Fax No. 02024570017
x) e-mail suryahospital@vsnl.net	xi) URL of website	

2) Address for Correspondence

i) Building Name/Building No./Survey Number 1317	ii) Street / Village Agarwale Road	iii) City / Taluka Kasba Peth
iv) District	v) Pin-Code Number 411030	vi) Near by Landmark Shaniwar Wada

3) Name of HCF

Surya Sahyadri Hospital

4) Address of HCF

i) Building Name/Building No./Survey Number 1317	ii) Street / Village Agarwale Road	iii) City / Taluka Kasba Peth
iv) District	v) Pin-Code Number 411030	vi) Near by Landmark Shaniwar Wada
vii) Latitude coordinate of HCF 18.51957	viii) Longitude coordinate of HCF 73.85535	ix) Ownership of HCF Private

5) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules

i) Authorization No. MPCB/ROP/BMW-AUTH/1804000638	ii) Authorization validity Date 2021-09-30	
---	--	--

6) Status of Consents under Water Act and Air Act No	i) Consent Number	ii) Consent validity Date
--	--------------------------	----------------------------------

7) Type of Health Care Facility Bedded Hospital	i) No of Beds 71	
---	----------------------------	--

8) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)

LCBP - 0506 - 01534

9) Registration Expiry Date

2021-03-31

10) Faculty of Medicine**11) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of**
M/s. Passco Environmental Solution, PMC**12) Details of BMW Generated****i) Authorized BMW Quantity MT/annum (as per valid CCA)**

Yellow	Red	Blue	White
---------------	------------	-------------	--------------

ii) Generation of BMW Quantity (kg/day)

Yellow	Red	Blue	White
---------------	------------	-------------	--------------

iii) BMW disposed at CBMWTSDF(kg/day)

Yellow 576.2400	Red 162.9400	Blue 99.8000	White 10.5100	General Solid Waste 600.0000
------------------------	---------------------	---------------------	----------------------	--

iv) Quantity of waste generated and disposed in MT/annum (on monthly average basis)

Yellow	Red	Blue	White
---------------	------------	-------------	--------------

13) Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period

Yes

14) Details trainings conducted on BMW**i) Number of trainings conducted on BMW Management.**

35

ii) Number of personnel trained

140

iii) Number of personnel trained at the time of induction

150

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

Yes

vi) any other information

No

15) 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

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

No

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

No

Place
Pune**Designation**
Managing Director**Date**
2019-06-24