



My Applications

Sr No.	UAN No.	Application Type	Application Date	Status	Action
1	MPCB-E_WASTE_ANNUAL_REPORT_NEW-0000001371	E-WASTE ANNUAL REPORT	15-06-2020	Submitted	Download MPCB Documents
2	MPCB-BMW_ANNUAL_REPORT-0000003135	BIO-MEDICAL WASTE ANNUAL REPORT	10-06-2020	Submitted	Download MPCB Documents
3	MPCB-E_WASTE_ANNUAL_REPORT_NEW-0000000884	E-WASTE ANNUAL REPORT	28-06-2019	Submitted	Download MPCB Documents
4	MPCB-BMW_ANNUAL_REPORT-0000002258	BIO-MEDICAL WASTE ANNUAL REPORT	07-06-2019	Submitted	Download MPCB Documents
5	MPCB-BMW_AUTH-0000016539 Download certificate	BIO-MEDICAL WASTE AUTHORIZATION	25-06-2018	Approved	Download Payment MPCB Documents
6	MPCB-BMW_AUTH-0000009256 Download certificate	BIO-MEDICAL WASTE AUTHORIZATION	02-06-2017	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 CBWTF: Yes

1) Particulars

i) First Name Dr. Venkatesh	ii) Middle Name Govindrao	iii) Last Name Mule
iv) Designation Sr. Manager Operations	v) Aadhaar No [REDACTED]	vi) PAN No [REDACTED]
vii) Address as per Aadhaar Card Plot No. 18, New S. T. Colony, Sanjaynagar, Sangli - 416416	viii) Tel. No. 0216423050	ix) Fax No.
x) e-mail venkatesh.mule@sahyadrihospitals.com	xi) URL of website	

2) Address for Correspondence

i) Building Name/Building No./Survey Number Gat No. 1361A, 1115, 1116	ii) Street / Village Varunji	iii) City / Taluka Karad
iv) District	v) Pin-Code Number 415110	vi) Near by Landmark

3) Name of HCF

Sahyadri Super Speciality Hospital Karad

4) Address of HCF

i) Building Name/Building No./Survey Number Gat No. 1361A, 1115, 1116	ii) Street / Village Varunji	iii) City / Taluka Karad
iv) District	v) Pin-Code Number 415110	vi) Near by Landmark
vii) Latitude coordinate of HCF 17.27	viii) Longitude coordinate of HCF 74.17	ix) Ownership of HCF Private

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

i) Authorization No. Format 1.0 / BO / PSO / CC -1804000445	ii) Authorization validity Date 2018-06-04	
6) Status of Consents under Water Act and Air Act Yes	i) Consent Number Format 1.0 / BO / PSO / CC -1804000445	ii) Consent validity Date 2018-06-04
7) Type of Health Care Facility Bedded Hospital	i) No of Beds 160	

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

587

9) Registration Expiry Date

2022-03-31

10) Faculty of Medicine**11) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of**
M/s. Karad Hospiat Association, Karad**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 473.7800	Red 460.7300	Blue 103.0100	White 31.4200	General Solid Waste 189.0000
------------------------	---------------------	----------------------	----------------------	--

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.**

54

ii) Number of personnel trained

265

iii) Number of personnel trained at the time of induction

300

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 Karad	Designation Sr. Manager Operations	Date 2019-06-07
-----------------------	--	---------------------------