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Sr No.	UAN No.	Application Type	Application Date	Status	Action
l	MPCB-BMW_ANNUAL_REPORT- 0000007821	BIO-MEDICAL WASTE ANNUAL REPORT	27-06-2022	Submitted	Download   MPCB Documents
2	MPCB- E_WASTE_ANNUAL_REPORT_NEW- 0000004938	E-WASTE ANNUAL REPORT	24-06-2022	Submitted	Download   MPCB Documents
r i	MPCB- E_WASTE_ANNUAL_REPORT_NEW- 0000003416	E-WASTE ANNUAL REPORT	29-06-2021	Submitted	Download   MPCB Documents
E	MPCB-BMW_ANNUAL_REPORT- 0000004847	BIO-MEDICAL WASTE ANNUAL REPORT	28-05-2021	Submitted	Documents MPCB
i	MPCB-BMW_AUTH-0000032193  Download certificate	BIO-MEDICAL WASTE AUTHORIZATION	18-02-2021	Approved	Download   Payment MPCB Documents
s ·	MPCB- E_WASTE_ANNUAL_REPORT_NEW- 0000001629	E-WASTE ANNUAL REPORT	24-06-2020	Submitted	Documents  Documents
•	MPCB-BMW_ANNUAL_REPORT- 0000003130	BIO-MEDICAL WASTE ANNUAL REPORT	10-06-2020	Submitted	Download   MPCB Documents
I	MPCB- E_WASTE_ANNUAL_REPORT_NEW- 0000000878	E-WASTE ANNUAL REPORT	28-05-2019	Submitted	Documents MPCB
9	MPCB-BMW_ANNUAL_REPORT- 0000002297	BIO-MEDICAL WASTE ANNUAL REPORT	17-06-2019	Submitted	Download   MPCB Documents
0	MPCB-BMW_ANNUAL_REPORT- 0000002008	BIO-MEDICAL WASTE ANNUAL REPORT	22-01-2019	Submitted	Documents
1	MPCB-BMW_AUTH-0000013419  Download certificate	BIO-MEDICAL WASTE AUTHORIZATION	07-02-2018	Approved	Download   Payment MPCB Documents

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Member of CBMWTF: Yes  Type of Health Care Facility Bedded  1) Particulars  i) First Name Dr. Kiran  iv) Designation Manager Operations  vii) Address as per Aadhaar Card Flat No. 34, Vishwas Apartment, Behind Kamla Devi Hospital, Vadgaon budruk, Pune - 411041  x) e-mail kiran.sathe@sahyadrihospitals.com  2) Details of Health Care Facility  ii) Name of the HCF Sahyadri Hospitals Pvt Ltd Sahyadri Hospital Bibwewadi  iv) Contact No. 9673332682  3) Address of the Health Care Facility  iii) Email kiran.sathe@sahyadrihospitals.co m  iii) Street / Village Near Suhag Mangal Karyalaya, Bibwewadi  iv) District Pune  iii) Street / Village Near Suhag Mangal Karyalaya, Bibwewadi  iv) District Pune  iii) Longitude coordinate 73.8077  iii) Longitude coordinate 73.8077  iii) Longitude coordinate 73.8077  iii) Valid Upto	ii) Last Name Sathe vi) PAN No x) Fax No. 02067213700
1) Particulars  i) First Name Dr. Kiran  iv) Designation Manager Operations  vii) Address as per Aadhaar Card Flat No. 34, Vishwas Apartment, Behind Kamla Devi Hospital, Vadgaon budruk, Pune - 411041  x) e-mail kiran.sathe@sahyadrihospitals.com  x) Details of Health Care Facility  i) Name of the HCF Sahyadri Hospitals Pvt Ltd Sahyadri Hospital Bibwewadi  iv) Contact No. 9673332682  3) Address of the Health Care Facility  ii) Building Name/Building No./Survey Number Plot No. 13, Survey No. 573, CTS No. 281, Swami Vivekanand Road  iv) District Pune  vii) Latitude coordinate 18.5075  iii) Longitude coordinate 73.8077  vii) Longitude coordinate 73.8077  iii) Valid Upto	vi) PAN No x) Fax No.
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18.5075 73.8077 Priv  4) Details of valid Combined Consent and BMW Authorization (CCA)  i) CCA / Authorization No. ii) Valid Upto	vi) Near by Landmark
i) CCA / Authorization No. ii) Valid Upto	<b>x) Ownership</b> Private
5) Total No of Beds (As per valid Authorization) 37	37
6) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)	- 基金がた 使 (F. 1944) (1945年 NO - 2011
7) Registration Expiry Date Ma	CBT-2009-00010
8) Faculty of Medicine 1	LCBT-2009-00010 Mar 31 2024 12:00:00:AM

10) Details of BMW i) Authorized Bio Medical	Waste Quantity Kg/r	nonth (as per	valid CCA)		
Yellow 327.00000 Red		ed 200.00000 Blu		00	<b>White</b> 25.00000
ii) Bio Medical Waste Gen	erated (Kg/Month)		1		
<b>Yellow</b> 311.21000	<b>Red</b> 237	.80000	<b>Blue</b> 88.8600	00	White 12.39000
iii) Quantity of Biomedica	l waste given to CBN	1WTDF (kg/Mo	nth)		
<b>Yellow</b> 311.2100	<b>Red</b> 237.8000	Blue	<b>White</b> 12.3900	White 12.3900 General Solid Waste 900.000	
11) Details trainings cond i) Number of trainings co 15		nagement.			
ii) Number of personnel t 170	rained				
<b>iii) Number of personnel</b> 1 32	trained at the time o	f induction			
iv) number of personnel r	ot undergone any tr	aining so far			
<b>v) whether standard man</b> Yes	ual for training is av	ailable?			
<b>vi) any other information</b> NA					
12) Details of the acciden i) Number of Accidents oc		e year			
ii) Number of the persons	affected				
iii) Remedial Action taker No	ı (Please attach deta	ils if any)			
<b>iv) Any Fatality occurred,</b> No	If yes details.				
<b>13) Liquid waste generat</b> Yes	ed and treatment me	ethods in place	e. How many times y	ou have no	t met the standards in a year
14) Is the disinfection me standards in a year? Yes	thod or sterilization	meeting the lo	og 4 standards? How	many time	es you have not met the
15) Whether HCE intende No	d to Sale / Handover	liquid BMW fo	or R&D purpose		
Place		<b>Designation</b> Manager Operat	5.00 E 1.00 E	ate 7-06-2022	