



My Applications

महाराष्ट्र

Sr No.	UAN No.	Application Type	Application Date	Status	Action
1	MPCB-BMW_ANNUAL_REPORT- 0000007681	BIO-MEDICAL WASTE ANNUAL REPORT	22-06-2022	Submitted	Download MPCB Documents
2	MPCB- E_WASTE_ANNUAL_REPORT_NEW- 0000003420	E-WASTE ANNUAL REPORT	29-06-2021	Submitted	Download MPCB Documents
3	MPCB- E_WASTE_ANNUAL_REPORT_NEW- 0000003381	E-WASTE ANNUAL REPORT	29-06-2021	Submitted	Download MPCB Documents
4	MPCB-BMW_ANNUAL_REPORT- 0000004880	BIO-MEDICAL WASTE ANNUAL REPORT	01-06-2021	Submitted	Download MPCB Documents
5	MPCB-CONSENT_AMMENDMENT- 0000005900	CONSENT AMMENDMENT	04-02-2021	Submitted	Download MPCB Documents
6	MPCB-BMW_ANNUAL_REPORT- 0000003328	BIO-MEDICAL WASTE ANNUAL REPORT	26-06-2020	Submitted	Download MPCB Documents
7	MPCB-	E-WASTE ANNUAL REPORT	26-06-2020		Download MPCB

Bio Medical Wa	(See rule 13) ste Annual Return for the Cale	nder Year - 2021
Application Type: HCF	Calender Year 2021	Submit To SRO-Pune I
Member of CBMWTF: Yes		
Type of Health Care Facility Bedded		
1) Particulars		
i) First Name Dr. Amrita	ii) Middle Name Suresh	iii) Last Name Vaidya
iv) Designation Chief Of Medical Services	v) Aadhaar No	vi) PAN No
vii) Address as per Aadhaar Card Livstonia, 2/19 Palm Groves, B T Kawade Road, Mundhava, Pune, Maharashtra 411036	viii) Tel. No. 9822441589	ix) Fax No.
x) e-mail amrita.vaidya@sahyadrihospitals.com	xi) URL of website https://www.sahyadrihospital.com	
2) Details of Health Care Facility	-1	1
i) Name of the HCF Sahyadri Hospitals Pvt. Ltd. Sahyadri Super Speciality Hospital Hadapsar	ii) Email amrita.vaidya@sahyadrihospitals. com	iii) Name of the contact person Dr. Amrita Vaidya
iv) Contact No. 9822441589		•
3) Address of the Health Care Facility	4	
i) Building Name/Building No./Survey Number Bhosale Garden, Near Hadapsar Post Office	ii) Street / Village Pune Solapur Road, Hadapsar	iii) City / Taluka Pune
iv) District Pune	v) Pin-Code Number 411028	vi) Near by Landmark
vii) Latitude coordinate 18.5089	viii) Longitude coordinate 73.9259	ix) Ownership Private
4) Details of valid Combined Consent and B	MW Authorization (CCA)	
i) CCA / Authorization No. Format 1.0/BO/PSO/CC-1908000461	ii) Valid Upto Jan 8 2023 12:00:00:AM	
5) Total No of Beds (As per valid Authorizat	201	
6) Registration Number (e.g. Bombay Nursi	LCBP-2018-00004	
7) Registration Expiry Date	Mar 31 2024 12:00:00:AM	
8) Faculty of Medicine 1		•
9)Whether HCE Having Captive Treatment F No M/s. Passco Environmental Solution, PMC	acility	

LO) Details of BMW) Authorized Bio Medical Wast	te Quantity Kg/month (as per v	alid CCA)	
Yellow 870.00000	Red 750.00000	Blue 187.50000	White 62.50000
i) Bio Medical Waste Generate	ed (Kg/Month)		
Yellow 2187.70000	Red 1126.40000	Blue 108.190	00 White 8.15000
ii) Quantity of Biomedical was	te given to CBMWTDF (kg/Mon	th)	
Yellow 2187.7000 R	ed 1126.4000 Blue	White 8.1500	General Solid Waste 3400.0000
11) Details trainings conducte) Number of trainings conduct 3			
i) Number of personnel traine	d		
ii) Number of personnel traine	ed at the time of induction		
v) number of personnel not u	ndergone any training so far		
) whether standard manual fores	or training is available?		
ri) any other information Io			
.2) Details of the accident occ Number of Accidents occurre			
i) Number of the persons affe	cted		
ii) Remedial Action taken (Ple lo	ase attach details if any)		
v) Any Fatality occurred, If ye No	s details.		
.3) Liquid waste generated an	d treatment methods in place.	How many times you	have not met the standards in a yea
.4) Is the disinfection method tandards in a year?	or sterilization meeting the lo	g 4 standards? How m	any times you have not met the
L5) Whether HCE intended to so	Sale / Handover liquid BMW for	R&D purpose	
Place	Designation Chief of Medical	Date Services 22-0	e