

My Applications

9

10

11

MPCB-BMW\_ANNUAL\_REPORT-

MPCB-BMW\_ANNUAL\_REPORT-

MPCB-BMW\_AUTH-0000009456

Download certificate

0000002349

0000002001

## महाराष्ट्र प्रदूषण नियंत्रण मंडळ Applications | Dashboard | Change Password | Industries

Sr No.	UAN No.	Application Type	Application Date	Status	Action
1	MPCB-BMW_ANNUAL_REPORT- 0000007764	BIO-MEDICAL WASTE ANNUAL REPORT	25-06-2022	Submitted	Download   MPCB Documents
2	MPCB- E_WASTE_ANNUAL_REPORT_NEW- 00000004876	E-WASTE ANNUAL REPORT	23-06-2022	Submitted	Download   MPCB Documents
3	MPCB- E_WASTE_ANNUAL_REPORT_NEW- 0000002947	E-WASTE ANNUAL REPORT	22-06-2021	Submitted	Download   MPCB Documents
4	MPCB-BMW_ANNUAL_REPORT- 0000004840	BIO-MEDICAL WASTE ANNUAL REPORT	27-05-2021	Submitted	Download   MPCB Documents
5	MPCB-BMW_AUTH-0000028570  Download certificate	BIO-MEDICAL WASTE AUTHORIZATION	22-07-2020	Approved	Download   Payment MPCB Documents
6	MPCB- E_WASTE_ANNUAL_REPORT_NEW- 0000001722	E-WASTE ANNUAL REPORT	26-06-2020	Submitted	Download   MPCB Documents
7	MPCB-BMW_ANNUAL_REPORT- 0000003190	BIO-MEDICAL WASTE ANNUAL REPORT	17-06-2020	Submitted	Download   MPCB Documents
3	MPCB- E_WASTE_ANNUAL_REPORT_NEW- 0000000875	E-WASTE ANNUAL REPORT	28-06-2019	Submitted	Download   MPCB Documents
9	MPCB-BMW ANNUAL REPORT-	BIO-MEDICAL WASTE ANNUAL	24-06-2019		Download   MPCB

24-06-2019

22-01-2019

13-06-2017

**BIO-MEDICAL WASTE ANNUAL** 

BIO-MEDICAL WASTE ANNUAL

BIO-MEDICAL WASTE

**AUTHORIZATION** 

REPORT

REPORT

Copyright © 2022 All rights Reserved. | FAQ | Guidelines | Terms & Conditions | Tickets

Web enabled by NeoSoft.

Documents

**Documents** 

Download | MPCB

Download | Payment |

MPCB Documents

Portal support Helpline number - 7045113344 / 7045113322

Submitted

Submitted

Approved

	Form - IV		
Bio Medical Was	(See rule 13) ste Annual Return for the Caler	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 Amruta	ii) Middle Name Dhananjay	iii) Last Name Sane	
<b>iv) Designation</b> Manager	v) Aadhaar No	vi) PAN No	
vii) Address as per Aadhaar Card Flat No. 06, Sai Sahwas, Near Sudatta Sankul, Hingane Khurd, Vadgaon Budruk, Pune - 411041	viii) Tel. No. 9673338092	ix) Fax No.	
x) e-mail amruta.sane@sahyadrihospitals.com	xi) URL of website https://www.sahyadrihospital.com		
2) Details of Health Care Facility			
i) Name of the HCF Sahyadri Hospitals Pvt. Ltd. Sahyadri Hospital Kothrud	ii) Email amruta.sane@sahyadrihospitals.c om	iii) Name of the contact person Amruta Sane	
iv) Contact No. 9673338092			
3) Address of the Health Care Facility			
i) Building Name/Building No./Survey Number Plot No. 9B, Neena Co-op. Hsg. Soc.,	ii) Street / Village Opp. Vanaz, Paud Road	iii) City / Taluka Pune	
iv) District Pune	v) Pin-Code Number 411038	vi) Near by Landmark	
vii) Latitude coordinate 18.5075	viii) Longitude coordinate 73.8077	ix) Ownership Private	
4) Details of valid Combined Consent and BN	1W Authorization (CCA)		
i) CCA / Authorization No. MPCB/ROP/BMW-AUTH/2102000470/2021	ii) Valid Upto Nov 30 2025 12:00:00:AM		
5) Total No of Beds (As per valid Authorization	30		
6) Registration Number (e.g. Bombay Nursin	LCBP-0607-04217		
7) Registration Expiry Date	Mar 31 2025 12:00:00:AM		
8) Faculty of Medicine 1			
9)Whether HCE Having Captive Treatment For No M/s. Passco Environmental Solution, PMC	acility		

10) Details of BMW i) Authorized Bio Medical	Waste Quantity Kg/r	month (as pe	r valid CCA)		
<b>Yellow</b> 145.00000	<b>Red</b> 125	.00000	<b>Blue</b> 60.00000		<b>White</b> 20.00000
ii) Bio Medical Waste Gen	erated (Kg/Month)				
<b>Yellow</b> 261.32000	<b>Red</b> 109	9.18000	<b>Blue</b> 53.15000		<b>White</b> 5.17000
iii) Quantity of Biomedica	l waste given to CBN	/WTDF (kg/M	onth)	91	
<b>Yellow</b> 261.3200	<b>Red</b> 109.1800	Blue White 5.170		General Solid Waste 757.5000	
L1) Details trainings cond ) Number of trainings con 22		nagement.			
i) Number of personnel t 130	rained				
iii) Number of personnel t 18	trained at the time o	f induction			
v) number of personnel r	ot undergone any tr	aining so far			
<b>v) whether standard man</b> Yes	ual for training is av	ailable?			
vi) any other information NA					
12) Details of the acciden ) Number of Accidents oc		e year			
ii) Number of the persons	affected				
iii) Remedial Action taken No	ı (Please attach deta	ils if any)			
<b>iv) Any Fatality occurred,</b> No	If yes details.				
<b>13) Liquid waste generat</b> o Yes	ed and treatment me	ethods in pla	ce. How many times	you have not	met the standards in a year
14) Is the disinfection me standards in a year? Yes	thod or sterilization	meeting the	log 4 standards? Ho	w many times	s you have not met the
<b>15) Whether HCE intende</b> No	d to Sale / Handover	liquid BMW	for R&D purpose		
Place		<b>Designation</b> Manager Oper	1100	<b>Date</b> 25-06-2022	