

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

My Applications

Sr No.	UAN No.	Application Type	Application Date	Status	Action
1	MPCB-BMW_ANNUAL_REPORT- 0000007878	BIO-MEDICAL WASTE ANNUAL REPORT	28-06-2022	Submitted	Download MPCB Documents Documents
	MPCB- E_WASTE_ANNUAL_REPORT_NEW- 0000005102	E-WASTE ANNUAL REPORT	28-06-2022	Submitted	Download MPCB Documents Documents
ř	MPCB-BMW_AUTH-0000044905	BIO-MEDICAL WASTE	20-06-2022	Submitted	Download Payment MPCB Documents Documents
F	MPCB- E_WASTE_ANNUAL_REPORT_NEW- 0000003345	E-WASTE ANNUAL REPORT	29-06-2021	Submitted	Download MPCB Documents Documents
i	MPCB-BMW_ANNUAL_REPORT- 0000004897	BIO-MEDICAL WASTE ANNUAL REPORT	02-06-2021	Submitted	Download MPCB Documents Documents
5	MPCB-BMW_ANNUAL_REPORT- 0000003249	BIO-MEDICAL WASTE ANNUAL REPORT	23-06-2020	Submitted	Download MPCB Documents Documents
•	MPCB- E_WASTE_ANNUAL_REPORT_NEW- 00D0001374	E-WASTE ANNUAL REPORT	15-06-2020	Submitted	Download MPCB Documents Documents
•	MPCB- E_WASTE_ANNUAL_REPORT_NEW- 0000000882	E-WASTE ANNUAL REPORT	28-06-2019	Submitted	Documents Documents
)	MPCB-BMW_ANNUAL_REPORT- 0000002252	BIO-MEDICAL WASTE ANNUAL REPORT	05-06-2019	Submitted	Documents Documents
10	MPCB-BMW_AUTH-0000019779 Download certificate	BIO-MEDICAL WASTE AUTHORIZATION	27-01-2019	Approved	Download Payment MPCB Documents Documents
1	MPCB-BMW_ANNUAL_REPORT- 0000002029	BIO-MEDICAL WASTE ANNUAL REPORT	23-01-2019	Submitted	Download MPCB Documents Documents

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(See rule 13) Bio Medical Waste Annual Return for the Calender Year - 2021							
Application Type: HCF	Calender Year 2021	Submit To SRO-Pune I					
Member of CBMWTF: Yes	<u>.</u>						
Type of Health Care Facility Bedded							
) Particulars							
i) First Name Dr Yashwant	ii) Middle Name Hanumathaiah	iii) Last Name Shivanna					
iv) Designation Chief of Medical Services	v) Aadhaar No	vi) PAN No					
vii) Address as per Aadhaar Card A-603, Micasa, Undri Hadapsar Road, Next to Amit Colori Phase II, Undri, Pune - 411060	viii) Tel. No. 9673338386	ix) Fax No. 02067271122					
x) e-mail cms.nagarroad@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 Super Speciality Hospital Nagar Road	ii) Email navkaran.kang@sahyadrihospitals .com	iii) Name of the contact person Navakaran Singh Kang					
iv) Contact No. 9999016077							
3) Address of the Health Care Facility							
i) Building Name/Building No./Survey Number 182A, 199, 200 A-B, 201, Hermes Heritage Phase	ii) Street / Village Shastrinagar	iii) City / Taluka Pune					
iv) District Pune	v) Pin-Code Number 411006	vi) Near by Landmark					
vii) Latitude coordinate 18.5529	viii) Longitude coordinate 73.8797	ix) Ownership Private					
4) Details of valid Combined Consent and BM	IW Authorization (CCA)	N.					
i) CCA / Authorization No. Format 1.0/ BO/PSO/CC - 2006000753	ii) Valid Upto Jun 30 2022 12:00:00:AM						
5) Total No of Beds (As per valid Authorization	on)	161					
6) Registration Number (e.g. Bombay Nursin	g Home reg. no.,MSDC,MBTC)	LCBP-2013-00068					
7) Registration Expiry Date		Mar 31 2024 12:00:00:AM					
8) Faculty of Medicine 1		<u>I</u>					
9)Whether HCE Having Captive Treatment Fa	acility						

10) Details of BMW i) Authorized Bio Medical	Waste Quantity Kg/mo	onth (as per v	alid CCA)	,	
Yellow 1440.52000	Red 686.	Red 686.61000		6000	White 33.72000
i) Bio Medical Waste Gen	erated (Kg/Month)				
Yellow 2537.66000	Red 1289	Red 1289.20000		50000	White 73.60000
ii) Quantity of Biomedical	waste given to CBMV	VTDF (kg/Mon	th)		
Yellow 2537.6600 Red 1289.2		Blue	White 73.6000 Gene 6008.		ral Solid Waste 3000
11) Details trainings cond i) Number of trainings con 60		ngement.			
ii) Number of personnel tr 486	ained				
iii) Number of personnel t 251	rained at the time of	induction			
v) number of personnel n	ot undergone any tra	ining so far			
v) whether standard manu Yes	ual for training is avai	lable?			
vi) any other information NA					
12) Details of the accident) Number of Accidents oc		year			
i) Number of the persons	affected				
iii) Remedial Action taken No	(Please attach details	s if any)			
v) Any Fatality occurred, No	If yes details.				
13) Liquid waste generate Yes	ed and treatment met	nods in place.	How many times	you have not	met the standards in a year?
L4) Is the disinfection med standards in a year? Yes	thod or sterilization m	eeting the lo	g 4 standards? Ho	ow many times	s you have not met the
15) Whether HCE intended No	d to Sale / Handover li	quid BMW for	R&D purpose		
Place Pune		esignation nief of Medical S	Gervices	Date 28-06-2022	