



## My Applications

महाराष्ट्र

| Sr<br>No. | UAN No.   | Application Type                   | Application Date | Status    | Action                                 |
|-----------|---|------------------------------------|------------------|-----------|--|
| 1         | MPCB-BMW_ANNUAL_REPORT-<br>0000007670             | BIO-MEDICAL WASTE ANNUAL<br>REPORT | 22-06-2022       | Submitted | Download   MPCB<br>Documents           |
| 2         | MPCB-BMW_AUTH-0000037885                          | BIO-MEDICAL WASTE<br>AUTHORIZATION | 26-10-2021       | Submitted | Download   Payment  <br>MPCB Documents |
| 3         | MPCB-BMW_AUTH-0000037827                          | BIO-MEDICAL WASTE<br>AUTHORIZATION | 22-10-2021       | Submitted | Download   Payment  <br>MPCB Documents |
| 4         | MPCB-<br>E_WASTE_ANNUAL_REPORT_NEW-<br>0000003461 | E-WASTE ANNUAL REPORT              | 29-06-2021       | Submitted | Download   MPCB Documents              |
| 5         | MPCB-BMW_ANNUAL_REPORT-<br>0000004764             | BIO-MEDICAL WASTE ANNUAL<br>REPORT | 20-05-2021       | Submitted | Download   MPCB<br>Documents           |
| 6         | MPCB-CONSENT_AMMENDMENT-<br>0000006163            | CONSENT AMMENDMENT                 | 22-03-2021       | Submitted | Download   MPCB<br>Documents           |
| 7         | MPCB-CONSENT_AMMENDMENT-                          | CONSENT AMMENDMENT                 | 09-02-2021       | Submitted | Download   MPCB Documents              |

|   | ×   |  |  |  |
|---|---|--|--|--|
| Bio Medical Wa  | Form - IV<br>(See rule 13)<br>ste Annual Return for the Caler | nder Year - 2021                                   |  |  |
| Application Type: HCF   | Calender Year<br>2021   | Submit To<br>SRO-Pune I                            |  |  |
| Member of CBMWTF: Yes   |   |  |  |  |
| Type of Health Care Facility Bedded   |   |  |  |  |
| 1) Particulars  |   |  |  |  |
| i) First Name<br>Dr. Deepa  | ii) Middle Name<br>Ganesh                                     | iii) Last Name<br>Divekar                          |  |  |
| iv) Designation<br>Chairman and Medical Director  | v) Aadhaar No   | vi) PAN No   |  |  |
| vii) Address as per Aadhaar Card<br>Flat No. 12, Takshashila Apartment, Ashok Path,<br>Erandawane, Pune 411004. | viii) Tel. No.<br>9673338003                                  | ix) Fax No.<br>02025403040                         |  |  |
| x) e-mail<br>dd@sahyadrihospitals.com   | xi) URL of website<br>https://www.sahyadrihospital.com        |  |  |  |
| 2) Details of Health Care Facility  |   | <u>.</u>   |  |  |
| i) Name of the HCF<br>KMMMT Sahyadri Super Speciality Hospital  | ii) Email<br>manjusha.londhe@sahyadrihospita<br>ls.com        | iii) Name of the contact person<br>Manjusha Londhe |  |  |
| iv) Contact No.<br>9673338137   |   |  |  |  |
| 3) Address of the Health Care Facility  | -   |  |  |  |
| i) Building Name/Building No./Survey<br>Number<br>KMMMT Sahyadri Super Speciality Hospital                      | ii) Street / Village<br>Karve Road                            | iii) City / Taluka<br>Pune                         |  |  |
| iv) District<br>Pune  | v) Pin-Code Number<br>411004                                  | vi) Near by Landmark                               |  |  |
| vii) Latitude coordinate<br>18.5075   | viii) Longitude coordinate<br>73.8077                         | ix) Ownership<br>Charitable Trust                  |  |  |
| 4) Details of valid Combined Consent and BN   | 1W Authorization (CCA)  |  |  |  |
| i) CCA / Authorization No.<br>BO/CAC-CELL-CCA/49407/CAC-1910000512  | ii) Valid Upto<br>Mar 31 2023 12:00:00:AM                     |  |  |  |
| 5) Total No of Beds (As per valid Authorization)  |   | 202  |  |  |
| 6) Registration Number (e.g. Bombay Nursin  | g Home reg. no.,MSDC,MBTC)                                    | LCBP-0506-01150                                    |  |  |
| 7) Registration Expiry Date   |   | Mar 31 2024 12:00:00:AM                            |  |  |
| 8) Faculty of Medicine<br>1   |   |  |  |  |
| 9)Whether HCE Having Captive Treatment Fa   | acility   |  |  |  |

## 9)Whether HCE Having Captive Treatment Facility

M/s. Passco Environmental Solution, PMC

10) Details of BMW i) Authorized Bio Medical Waste Quantity Kg/month (as per valid CCA)

| <b>Yellow</b> 2456.00000 | Red 1750.00000 | Blue 150.00000 | White 600.00000 |  |
|--------------------------|----------------|----------------|-----------------|--|
|--------------------------|----------------|----------------|-----------------|--|

| ii) Bio Medical Waste Gene   | erated (Kg/Month)        |                |  | -                     | Ĭ                         |  |
|--|--------------------------|----------------|--|-----------------------|---------------------------|--|
| <b>Yellow</b> 4026.09000   | <b>Red</b> 1705          | Red 1705.16000 |  | <b>Blue</b> 654.17000 |                           |  |
| ii) Quantity of Biomedical   | waste given to CBMW      | TDF (kg/Mont   | th)                                      | 1                     |                           |  |
| <b>Yellow</b> 4026.0900 <b>Red</b> 1705.160                        |                          | Blue           | <b>White</b> 95.2800 <b>Gener</b> 4000.0 |                       | ral Solid Waste<br>0000   |  |
| 11) Details trainings cond<br>) Number of trainings con<br>52      |                          | gement.        |  |                       |                           |  |
| ii) Number of personnel tr<br>978                                  | ained                    |                |  |                       |                           |  |
| <b>ii) Number of personnel t</b><br>375                            | rained at the time of in | nduction       |  |                       |                           |  |
| v) number of personnel n   | ot undergone any trai    | ning so far    |  |                       |                           |  |
| <b>v) whether standard manu</b><br>Yes                             | al for training is avail | able?          |  |                       |                           |  |
| vi) any other information<br>NO                                    |                          |                |  |                       |                           |  |
| 12) Details of the accident<br>) Number of Accidents occ           |                          | ear/           |  |                       |                           |  |
| ii) Number of the persons  | affected                 |                |  |                       |                           |  |
| iii) Remedial Action taken<br>No                                   | (Please attach details   | if any)        |  |                       |                           |  |
| iv) Any Fatality occurred, I<br>No                                 | f yes details.           |                |  |                       |                           |  |
| <b>13) Liquid waste generate</b><br>Yes                            | d and treatment meth     | ods in place.  | How many times you                       | ı have not r          | net the standards in a ye |  |
| <b>14) Is the disinfection met<br/>standards in a year?</b><br>Yes | hod or sterilization me  | eting the log  | g 4 standards? How r                     | nany times            | you have not met the      |  |
| <b>15) Whether HCE intende</b> d<br>No                             | to Sale / Handover lic   | juid BMW for   | R&D purpose                              |                       |                           |  |
| Place  | De                       | esignation     | D  | ate                   |                           |  |