



## My Applications

Sr No.	UAN No.	Application Type	Application Date	Status	Action
1	MPCB-E_WASTE_ANNUAL_REPORT_NEW-0000001621	E-WASTE ANNUAL REPORT	24-06-2020	Submitted	<a href="#">Download</a>   <a href="#">MPCB Documents</a>
2	MPCB-BMW_ANNUAL_REPORT-0000003230	BIO-MEDICAL WASTE ANNUAL REPORT	22-06-2020	Submitted	<a href="#">Download</a>   <a href="#">MPCB Documents</a>
3	MPCB-E_WASTE_ANNUAL_REPORT_NEW-0000000885	E-WASTE ANNUAL REPORT	28-06-2019	Submitted	<a href="#">Download</a>   <a href="#">MPCB Documents</a>
4	MPCB-BMW_ANNUAL_REPORT-0000002348	BIO-MEDICAL WASTE ANNUAL REPORT	24-06-2019	Submitted	<a href="#">Download</a>   <a href="#">MPCB Documents</a>
5	MPCB-BMW_ANNUAL_REPORT-0000002015	BIO-MEDICAL WASTE ANNUAL REPORT	22-01-2019	Submitted	<a href="#">Download</a>   <a href="#">MPCB Documents</a>
6	MPCB-BMW_AUTH-0000011411 <a href="#">Download certificate</a>	BIO-MEDICAL WASTE AUTHORIZATION	20-09-2017	Approved	<a href="#">Download</a>   <a href="#">Payment</a>   <a href="#">MPCB Documents</a>

**Form - IV**

(See rule 13)

**ANNUAL REPORT**

[To be submitted to the prescribed authority on or before 30 th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

**Application Type:** HCF**Member of CBMWTF:** Yes**1) Particulars**

<b>i) First Name</b> Dr. Jaisingh	<b>ii) Middle Name</b> Krishnarao	<b>iii) Last Name</b> Shinde
<b>iv) Designation</b> Managing Director	<b>v) Aadhaar No</b> 454075131067	<b>vi) PAN No</b> AACCS9236M
<b>vii) Address as per Aadhaar Card</b> D-6, Harmony Society, ICS Colony, Near Bhosale Nagar, Shivajinagar, Pune - 411005	<b>viii) Tel. No.</b> 0202451390	<b>ix) Fax No.</b> 02024570017
<b>x) e-mail</b> suryahospital@vsnl.net	<b>xi) URL of website</b>	

**2) Address for Correspondence**

<b>i) Building Name/Building No./Survey Number</b> 1317	<b>ii) Street / Village</b> Agarwale Road	<b>iii) City / Taluka</b> Kasba Peth
<b>iv) District</b>	<b>v) Pin-Code Number</b> 411030	<b>vi) Near by Landmark</b> Shaniwar Wada

**3) Name of HCF**

Surya Sahyadri Hospital

**4) Address of HCF**

<b>i) Building Name/Building No./Survey Number</b> 1317	<b>ii) Street / Village</b> Agarwale Road	<b>iii) City / Taluka</b> Kasba Peth
<b>iv) District</b>	<b>v) Pin-Code Number</b> 411030	<b>vi) Near by Landmark</b> Shaniwar Wada
<b>vii) Latitude coordinate of HCF</b> 18.51957	<b>viii) Longitude coordinate of HCF</b> 73.85535	<b>ix) Ownership of HCF</b> Private

**5) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules**

<b>i) Authorization No.</b> MPCB/ROP/BMW-AUTH/1804000638	<b>ii) Authorization validity Date</b> 2021-09-30	
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<b>6) Status of Consents under Water Act and Air Act</b> No	<b>i) Consent Number</b>	<b>ii) Consent validity Date</b>
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<b>7) Type of Health Care Facility</b> Bedded Hospital	<b>i) No of Beds</b> 71	
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**8) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)**

LCBP - 0506 - 01534

**9) Registration Expiry Date**

2021-03-31

**10) Faculty of Medicine****11) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of**  
M/s. Passco Environmental Solution, PMC**12) Details of BMW Generated****i) Authorized BMW Quantity MT/annum (as per valid CCA)**

<b>Yellow</b>	<b>Red</b>	<b>Blue</b>	<b>White</b>
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**ii) Generation of BMW Quantity (kg/day)**

<b>Yellow</b>	<b>Red</b>	<b>Blue</b>	<b>White</b>
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**iii) BMW disposed at CBMWTSDF(kg/day)**

<b>Yellow</b> 576.2400	<b>Red</b> 162.9400	<b>Blue</b> 99.8000	<b>White</b> 10.5100	<b>General Solid Waste</b> 600.0000
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**iv) Quantity of waste generated and disposed in MT/annum (on monthly average basis)**

<b>Yellow</b>	<b>Red</b>	<b>Blue</b>	<b>White</b>
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**13) Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period**

Yes

**14) Details trainings conducted on BMW****i) Number of trainings conducted on BMW Management.**

35

**ii) Number of personnel trained**

140

**iii) Number of personnel trained at the time of induction**

150

**iv) number of personnel not undergone any training so far****v) whether standard manual for training is available?**

Yes

**vi) any other information**

No

**15) Details of the accident occurred during the year****i) Number of Accidents occurred****ii) Number of the persons affected****iii) Remedial Action taken (Please attach details if any)**

No

**iv) Any Fatality occurred, If yes details.**

No

**16) Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?**

No

**17) Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?**

No

<b>Place</b> Pune	<b>Designation</b> Managing Director	<b>Date</b> 2019-06-24
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