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	THE STREET	महाराष्ट्र प्रदूषण	नियंत्रण मंडळ Арр	ications   Dashboard   Cha	inge Password   Ind	Indus ustry Documents		_			
	My A Sr	upplications	Application Type	Application Date	Status	Action		5			
	No.					Download   P	ayment				
	1	MPCB-BMW_AUTH-0000016062	BIO-MEDICAL WASTE AUTHORIZATION	29-05-2018	Approved	W2					
	2	MPCB-BMW_ANNUAL_REPORT- 0000002286	BIO-MEDICAL WASTE ANNUAL REPORT	13-06-2019	Submitted	Download					
	3	MPCB-E_WASTE_ANNUAL_REPORT_NEW 0000000881	-E-WASTE ANNUAL REPORT	28-06-2019	Submitted	Download					
	4	MPCB-BMW_ANNUAL_REPORT- 0000003186	BIO-MEDICAL WASTE ANNUAL REPORT	16-06-2020	Submitted	Download					
		ght © 2020 All rights Reserved.   FAQ   Guid				Web enabled by					

	Form - IV (See rule 13) ANNUAL REPORT escribed authority on or before 30 th June g year, by the occupier of health care fac treatment facility (CBWTF)]				
Application Type: HCF		Submit To SRO-Nashik			
<b>i) Unit Name</b> SHL Sahyadri Super Speciality Hospital Nashk	<b>ii) Plant Name</b> SHL SAHYADRI SUPER SPECIALITY HOSPITAL NASHIK				
Member of CBMWTF: Yes					
Type of Health Care Facility Bedde	d				
1) Particulars					
<b>i) First Name</b> Chandrakant	<b>ii) Middle Name</b> Laxman	<b>iii) Last Name</b> Bhosale			
iv) Designation Manager Operations	<b>v) Aadhaar No</b> 218332175323	vi) PAN No AADCS9911L			
<b>vii) Address as per Aadhaar Card</b> Plot No. 1, Jeevan Housing Society, Sector No. 21, Yamuna Nagar, Nigdi, Pune - 411044	<b>viii) Tel. No.</b> 9011350676	ix) Fax No.			
x) e-mail chandrakant.bhosale@sahyadrihospi tals.com	<b>xi) URL of website</b> https://www.sahyadrihospital.com				
2) Details of the HCF					
i) Name of the HCF SHL Sahyadri Super Speciality Hospital Nashik	ii) Email chandrakant.bhosale@sahyadrihospitals.com	iii) Name of the contact person Chandrakant Bhosale			
iv) Contact No. 9011350676					
3) Address of the HCF					
i) Building Name/Building No./Survey Number Final Plot No. 22, Survey No. 499/1/1/11	<b>ii) Street / Village</b> Near Dwarka Circle, Vadala Road	<b>iii) City / Taluka</b> Nashik			
<b>iv) District</b> Nashik	v) Pin-Code Number 422001	vi) Near by Landmark			
vii) Latitude coordinate 19.997454	viii) Longitude coordinate 73.789803	<b>ix) Ownership</b> Private			
4) Status of Consent and Authoris	ation under the Bio-Medical Waste (Managen	nent and Handling) Rules			
i)Authorization No. Format 1.0/BO/PSO/CC-1905000330	ii)Authorization validity Date 2023-06-02				
i)Consent Number Format 1.0/BO/PSO/CC-1905000330	ii)Consent validity Date 2023-06-02				
5) Total No of Beds (As per valid A	Authorization)	108			
6) Registration Number (e.g. Bom	bay Nursing Home reg. no.,MSDC,MBTC)	1137			
7) Registration Expiry Date		2022-03-31			

8) Faculty of Medicine										
9) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of M/s. Water Grace Products , Nashik										
11) Details of BMW i) Authorized BMW Quanti	ity MT/anu	ım (as p	er valid CCA	<b>()</b>						
Yellow 0.6200	<b>Red</b> 0.5000			<b>Blue</b> 0.1900			<b>White</b> 0.0600			
ii) Generation of BMW Quantity (kg/day)										
<b>Yellow</b> 15.5300		<b>Red</b> 13.1200			Blue 2.2800			<b>White</b> 0.7600		
iii) Quantity of waste gen	iii) Quantity of waste generated and disposed in MT/annum (on monthly average basis)									
<b>Yellow</b> 15.5300	Yellow 15.5300 Red 13.3		1200 Blue White		e 0.7600 General Sol		neral Solid	l <b>id Waste</b> 70.7100		
12) Details trainings conducted on BMW i) Number of trainings conducted on BMW Management. 112										
ii) Number of personnel to 443	ii) Number of personnel trained 443									
iii) Number of personnel t 331	iii) Number of personnel trained at the time of induction 331									
iv) number of personnel n	ot underg	one any	training so	far						
<b>v) whether standard man</b> Yes	ual for trai	ining is a	available?							
vi) any other information No										
13) Details of the accident occurred during the year i) Number of Accidents occurred										
ii) Number of the persons affected										
<b>iii) Remedial Action taken (Please attach details if any)</b> No										
<pre>iv) Any Fatality occurred, No</pre>	lf yes deta	ails.								
14) Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? Yes										
15) Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? Yes										
<b>Place</b> Nashik		<b>Designa</b> t Manager	<b>tion</b> Operations				<b>Date</b> 2020-06-16			