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	My Applications								
	Sr No.	UAN No.	Application Type	Application Date	Status	Action			
	1	MPCB-BMW_AUTH-0000009456	BIO-MEDICAL WASTE AUTHORIZATION	13-06-2017	Approved	Download Payment			
	2	MPCB-BMW_ANNUAL_REPORT- 0000002001	BIO-MEDICAL WASTE ANNUAL REPORT	22-01-2019	Submitted	Download			
	3	MPCB-BMW_ANNUAL_REPORT- 0000002349	BIO-MEDICAL WASTE ANNUAL REPORT	24-06-2019	Submitted	Download			

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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

1) Particulars				
i) First Name Dr. Atul	ii) Middle Name Arvind	iii) Last Name Joshi		
iv) Designation Medical Director	v) Aadhaar No	VI) PAN NO		
vii) Address as per Aadhaar Card Swastik, S. No. 98, Plot No. 69, Right Bhusari Colony, Paud Road, Kothrud, Pune - 411038	viii) Tel. No. 0206721330	ix) Fax No.		
x) e-mail sm@sahyadrihospitals.com	xi) URL of website			
2) Address for Correspondence	1			
i) Building Name/Building No./Survey Number 9B, Neena Co-op Housing Society,	ii) Street / Village Paud Road	iii) City / Taluka Kothrud		
iv) District	v) Pin-Code Number 411038	vi) Near by Landmark Opposite Vanaz Company		
3) Name of HCF Sahyadri Hospital Kothrud				
4) Address of HCF				
i) Building Name/Building No./Survey Number 9B, Neena Co-op Housing Society,	ii) Street / Village Paud Road	iii) City / Taluka Kothrud		
iv) District	v) Pin-Code Number 411038	vi) Near by Landmark Opposite Vanaz Company		
vii) Latitude coordinate of HCF 18.51957	viii) Longitude coordinate of HCF 73.85535	ix) Ownership of HCF Private		
5) Status of Authorisation under the Bio-Me	dical Waste (Management and H	andling) Rules		
i)Authorization No. MPCB/ROP/BMW-AUTH/1803000082	ii)Authorization validity Date 2020-11-30			
6) Status of Consents under Water Act and Air Act No	i)Consent Number	ii)Consent validity Date		
7) Type of Health Care Facility Bedded Hospital	i) No of Beds 30			
8) Registration Number (e.g. Bombay Nursir LCBP - 0607 - 04217	ig Home reg. no.,MSDC,MBTC)	1		
9) Registration Expiry Date 2022-03-31				

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/anum (as per valid CCA)									
Yellow	Yellow Red					White			
ii) Generation of BMW Quantity (kg/day)									
Yellow	Red		Blue			White			
iii) BMW disposed at CBMWTSDF(kg/day)									
Yellow 228.8600	ow 228.8600 Red 1173.7400 Blue 88.5500 White 12			a 12.1300	General Solid Waste 49.0000				
iv) Quantity of waste gener	ated and dispose	d in MT/annum	(on mont	hly avera	ge basis)				
Yellow	ellow Red Blue					White			
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. 30									
ii) Number of personnel trained 146									
iii) Number of personnel trained at the time of induction 170									
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									
PlaceDesignationDatePuneMedical Director2019-06-24									