	(34)	sm@sahyadrihospitals.com × +			1.7		and the second se	
$\rightarrow$ C' $\textcircled{a}$	1	https://www.ecmpcb.in/applicatio	on_forms/dashboard	F 90% ***	♥ ☆	Search	<u>↓</u> III\ 🗊	
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		plications UAN No.	Application Type	Application Date	Status	Action		
	1	MPCB-BMW_AUTH-0000009256	BIO-MEDICAL WASTE AUTHORIZATION	02-06-2017	Approved	Download   Payment		
	2	MPCB-BMW_AUTH-0000016539	BIO-MEDICAL WASTE AUTHORIZATION	25-06-2018	Approved	Download   Payment		
	3	MPCB-BMW_ANNUAL_REPORT- 0000002258	BIO-MEDICAL WASTE ANNUAL REPORT	07-06-2019	Submitted	Download		
	4	MPCB- E_WASTE_ANNUAL_REPORT_NEW- 0000000884	E-WASTE ANNUAL REPORT	28-06-2019	Submitted	Download		
	5	MPCB-BMW_ANNUAL_REPORT- 0000003135	BIO-MEDICAL WASTE ANNUAL REPORT	10-06-2020	Submitted	Download		
			Guidelines   Terms & Conditions   Tic			Web enabled by Web Werks.	0	

	Form - IV				
	(See rule 13)				
To be submitted to the pro	ANNUAL REPORT	e every year for the period from January to			
		cility (HCF) or common bio-medical waste			
Determber of the precedin	treatment facility (CBWTF)				
Application Type: HCF		Submit To SRO-Satara			
i) Unit Name	ii) Plant Name				
Sahyadri Karad Hospitals Pvt. Ltd. Sahyadri Speciality Hospital Karad	Sahyadri Karad Hospitals Pvt. Ltd. Sahyadri Speciality Hospital Karad				
Member of CBMWTF: Yes					
Type of Health Care Facility Bedde	d				
1) Particulars					
i) First Name	ii) Middle Name	iii) Last Name			
Dr Venkatesh	Govindrao	Mule			
iv) Designation		VII PAN NO			
Sr. Mnagaer Operations	548291024233				
vii) Address as per Aadhaar Card	viii) Tel. No.	ix) Fax No.			
Plot No. 11, New S I Colony, Snajay Nagar, Sangali, Maharashtra 416416	9673331330	02164227427			
x) e-mail	xi) URL of website				
venkatesh.mule@sahyadrihospitals.c om	https://www.sahyadrihospital.com				
2) Details of the HCF					
i) Name of the HCF	ii) Email	iii) Name of the contact person			
Sahyadri Karad Hospitals Pvt.	venkatesh.mule@sahyadrihospitals.com	Dr. Venkatesh Govindrao Mule			
Ltd.Sahyadri Super Speciality Hospital Karad					
<b>iv) Contact No.</b> 9673331330					
3) Address of the HCF					
i) Building Name/Building	ii) Street / Village	iii) City / Taluka			
<b>No./Survey Number</b> Sahyadri Karad Hospitals Pvt.	Varunji	Karad			
Ltd.Sahyadri Super Speciality					
Hospital Karad					
<b>iv) District</b> Satara	<b>v) Pin-Code Number</b> 415110	vi) Near by Landmark			
vii) Latitude coordinate	viii) Longitude coordinate	ix) Ownership			
17.2777	74.1844	Private			
4) Status of Consent and Authoris	ation under the Bio-Medical Waste (Manage	ment and Handling) Rules			
i)Authorization No.	ii)Authorization validity Date				
Format 1.0/BO/PSO/HOD/a-1906000814	2023-06-04				
i)Consent Number	ii)Consent validity Date				
Format 1.0/BO/PSO/HOD/a-1906000814	2023-06-04				
5) Total No of Beds (As per valid A	Authorization)	160			
6) Registration Number (e.g. Bom	bay Nursing Home reg. no.,MSDC,MBTC)	587			

7) Registration Expiry Date						2022-03-31			
<b>8) Faculty of Medicine</b>									
<b>9) Name of the Commor</b> M/s. Karad Hospial Associa		al Waste:	Treatment	Facility Op	perator thro	ough w	vhich wastes a	are disposed of	
11) Details of BMW i) Authorized BMW Quar	ntity MT/ar	um (as p	er valid CCA	<b>()</b>					
<b>Yellow</b> 0.7500		<b>Red</b> 0.0500			<b>Blue</b> 0.0	Blue 0.0200		<b>White</b> 0.0100	
ii) Generation of BMW (	uantity (k	g/day)			1			1	
<b>Yellow</b> 15.4200		<b>Red</b> 16.8900			Blue 3	<b>Blue</b> 3.1400		<b>White</b> 1.6800	
iii) Quantity of waste ge	enerated a	nd dispos	ed in MT/an	num (on n	nonthly ave	rage k	oasis)		
Yellow 15.4200     Red 16.		.8900	3900 Blue White		1.6800	6800 General Solid		<b>d Waste</b> 7.1800	
<b>12) Details trainings con i) Number of trainings c</b> 19			Managemen	t.					
ii) Number of personnel	trained								
iii) Number of personne	l trained a	t the time	e of inductio	on					
iv) number of personne	l not under	gone any	/ training so	far					
<b>v) whether standard ma</b> Yes	nual for tr	aining is	available?						
<b>vi) any other information</b> No									
13) Details of the accide i) Number of Accidents		ed during	the year						
ii) Number of the perso	ns affected								
iii) Remedial Action take	en (Please	attach de	etails if any)						
iv) Any Fatality occurre No	d, lf yes de	tails.							
14) Liquid waste genera Yes	ated and tr	eatment	methods in	place. Hov	v many tim	es you	have not me	t the standards in a year?	
15) Is the disinfection n a year? Yes	nethod or s	sterilizatio	on meeting	the log 4 s	tandards?	How m	nany times yo	u have not met the standar	ds in
Place Designation   Karad Senior Manager Operations					Date 2020-06-10				