| My Applications |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Sr No. | UAN No. | Application Type | Application Date | Status | Action |
| 1 | MPCB-BMW_AUTH-0000016018 | BIO-MEDICAL WASTE AUTHORIZATION | 25-05-2018 | Approwed | Download \| Payment |
| 2 | MPCB-BMW_ANNUAL_REPORT0000002067 | BIO-MEDICAL WASTE ANNUAL REPORT | 25-01-2019 | Stibmitted | Download |
| 3 | MPCB-BMW_ANNUAL_REPORT0000002362 | BIO-MEDICAL WASTE ANNUAL REPORT | 25-06-2019 | Submited | Downioad |
| 4 | MPCB- <br> E_WASTE_ANNUAL_REPORT_NEW0000000880 | E-WASTE ANNUAL REPORT | 28-06-2019 | Submitted | Download |
| 5 | MPCB- <br> E_WASTE_ANNUAL_REPORT_NEW0000000887 | E-WASTE ANNUAL REPORT | 28-06-2019 | Submitted | Download |
| 6 | MPCB- <br> E_WASTE_ANNUAL_REPORT_NEW0000001373 | E-WASTE ANNUAL REPORT | 15-06-2020 | Submited | Downioad |
| 7 | MPCB- <br> E_WASTE_ANNUAL_REPORT_NEW0000001712 | E-WASTE ANNUAL REPORT | 26-06-2020 | Submited | Download |
| 8 | MPCB-BMW_ANNUAL_REPORT0000003328 | BIO-MEDICAL WASTE ANNUAL REPORT | 26-06-2020 | Submited | Download |


| [To be submitted to the pr December of the precedin | Form - IV <br> (See rule 13) <br> ANNUAL REPORT <br> scribed authority on or before 30 th June year, by the occupier of health care fac treatment facility (CBWTF)] | ery year for the period from Jan (HCF) or common bio-medica |
| :---: | :---: | :---: |
| Application Type: HCF |  | Submit To SRO-Pune I |
| i) Unit Name <br> Sahyadri Hospitals Ltd. Sahyadri Super Speciality Hospital Hadapsar | ii) Plant Name <br> Sahyadri Hospitals Ltd. Sahyadri Super Speciality Hospital Hadapsar |  |
| Member of CBMWTF: Yes |  |  |
| Type of Health Care Facility Bedded |  |  |
| 1) Particulars |  |  |
| i) First Name Dr. Amrita | ii) Middle Name Suresh | iii) Last Name Vaidya |
| iv) Designation <br> Chief Of Medical Services |  | i) PAN No |
| vii) Address as per Aadhaar Card Livstonia, 2/19 Palm Groves, B T Kawade Road, Mundhava, Pune, Maharashtra 411036 | viii) Tel. No. <br> 9822441589 | ix) Fax No. 02067210500 |
| x) e-mail <br> amrita.vaidya@sahyadrihospitals.co m | xi) URL of website <br> https://www.sahyadrihospital.com |  |
| 2) Details of the HCF |  |  |
| i) Name of the HCF <br> SHL Sahyadri Super Speciality Hospital Hadapsar | ii) Email amrita.vaidya@sahyadrihospitals.com | iii) Name of the contact person Dr. Amrita Vaidya |
| iv) Contact No. 9822441589 |  |  |
| 3) Address of the HCF |  |  |
| i) Building Name/Building No./Survey Number 163a/1a/26a, 163a/1a/5, 163a/1a/21 | ii) Street / Village Bhosale Garden, Near Hadapsar Post Office | iii) City / Taluka Hadapsar - Pune |
| iv) District Pune | v) Pin-Code Number <br> 411028 | vi) Near by Landmark |
| vii) Latitude coordinate $19.997454$ | viii) Longitude coordinate 73.789803 | ix) Ownership Private |
| 4) Status of Consent and Authorisation under the Bio-Medical Waste (Management and Handling) Rules |  |  |
| i)Authorization No. Format 1.0/BO/PSO/CC-1908000461 | ii)Authorization validity Date 2023-01-08 |  |
| i)Consent Number Format 1.0/BO/PSO/CC-1908000461 | ii)Consent validity Date 2023-01-08 |  |
| 5) Total No of Beds (As per valid Authorization) |  | 138 |
| 6) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC) |  | LCBP-2018-00004 |
| 7) Registration Expiry Date |  | 2021-03-31 |
| 8) Faculty of Medicine 1 |  |  |

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

| Yellow 8.7600 | Red 0.7500 | Blue 0.1900 | White 0.0600 |
| :--- | :--- | :--- | :--- |

ii) Generation of BMW Quantity (kg/day)

iii) Quantity of waste generated and disposed in MT/annum (on monthly average basis)

| Yellow 26.1300 | Red 21.3900 | Blue | White 0.8000 | General Solid Waste 29.0800 |
| :--- | :--- | :--- | :--- | :--- |

12) Details trainings conducted on BMW
i) Number of trainings conducted on BMW Management.

25
ii) Number of personnel trained

189
iii) Number of personnel trained at the time of induction

28
iv) number of personnel not undergone any training so far
v) whether standard manual for training is available?

Yes
vi) any other information

NA
13) 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
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

| Place <br> Pune | Designation <br> Chief Of Medical Services | Date <br> $2020-06-26$ |
| :--- | :--- | :--- |

