Sr No.	UAN No.	Application Type	Application Date	Status	Action
1	MPCB-BMW_AUTH-0000016018  Download certificate	BIO-MEDICAL WASTE AUTHORIZATION	25-05-2018	Approved	Download   Payment
2	MPCB-BMW_ANNUAL_REPORT- 0000002067	BIO-MEDICAL WASTE ANNUAL REPORT	25-01-2019	Submitted	Download
3	MPCB-BMW_ANNUAL_REPORT- 0000002362	BIO-MEDICAL WASTE ANNUAL REPORT	25-06-2019	Submitted	Download
4	MPCB- E_WASTE_ANNUAL_REPORT_NEW- 0000000880	E-WASTE ANNUAL REPORT	28-06-2019	Submitted	Download
5	MPCB- E_WASTE_ANNUAL_REPORT_NEW- 0000000887	E-WASTE ANNUAL REPORT	28-06-2019	Submitted	Download
6	MPCB- E_WASTE_ANNUAL_REPORT_NEW- 0000001373	E-WASTE ANNUAL REPORT	15-06-2020	Submitted	Download
7	MPCB- E_WASTE_ANNUAL_REPORT_NEW- 0000001712	E-WASTE ANNUAL REPORT	26-06-2020	Submitted	Download
В	MPCB-BMW_ANNUAL_REPORT- 0000003328	BIO-MEDICAL WASTE ANNUAL REPORT	26-06-2020	Submitted	Download



## 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)]

	treatment facility (CDW11)]	
Application Type: HCF	Submit To SRO-Pune I	
i) Unit Name Sahyadri Hospitals Ltd. Sahyadri Super Speciality Hospital Hadapsar	ii) Plant Name Sahyadri Hospitals Ltd. Sahyadri Super Speciality Hospital Hadapsar	
Member of CBMWTF: Yes		
Type of Health Care Facility Bedde	d	
1) Particulars		
i) First Name Dr. Amrita	ii) Middle Name Suresh	iii) Last Name Vaidya
iv) Designation Chief Of Medical Services		(vi) PAN No (AADCS99111
vii) Address as per Aadhaar Card Livstonia, 2/19 Palm Groves, B T Kawade Road, Mundhava, Pune, Maharashtra 411036	viii) Tel. No. 9822441589	ix) Fax No. 02067210500
x) e-mail amrita.vaidya@sahyadrihospitals.co m	xi) URL of website https://www.sahyadrihospital.com	
2) Details of the HCF		
i) Name of the HCF 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 411028	vi) Near by Landmark
vii) Latitude coordinate 19.997454	viii) Longitude coordinate 73.789803	ix) Ownership Private
4) Status of Consent and Authoris	ation under the Bio-Medical Waste (Manageme	ent 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 A	Authorization)	138
6) Registration Number (e.g. Bom	bay Nursing Home reg. no.,MSDC,MBTC)	LCBP-2018-00004
7) Registration Expiry Date		2021-03-31
8) Faculty of Medicine		1

<ul><li>11) Details of BMW</li><li>) Authorized BMW Quantity</li></ul>	MT/anum (as per valid CCA)		
<b>Yellow</b> 8.7600	<b>Red</b> 0.7500	<b>Blue</b> 0.1900	<b>White</b> 0.0600
i) Generation of BMW Quan	tity (kg/day)		
Yellow 26.1300 Red 21.3900 Blue			0 <b>White</b> 0.0800
ii) Quantity of waste genera	ated and disposed in MT/annum (	on monthly average I	basis)
<b>Yellow</b> 26.1300 R	ed 21.3900 Blue Wh	nite 0.8000 <b>Ge</b>	eneral Solid Waste 29.0800
L2) Details trainings conduc ) Number of trainings conduc 25	ted on BMW ucted on BMW Management.		
i) Number of personnel trai 189	ned		
ii) Number of personnel tra	ined at the time of induction		
v) number of personnel not	undergone any training so far		
<b>v) whether standard manua</b> res	for training is available?		
vi) any other information			
l.3) Details of the accident o ) Number of Accidents occu			
i) Number of the persons af	fected		
iii) Remedial Action taken (F No	Please attach details if any)		
iv) Any Fatality occurred, If	yes details.		
14) Liquid waste generated	and treatment methods in place.	How many times you	u have not met the standards in a year?
L5) Is the disinfection methors year? (es	od or sterilization meeting the lo	g 4 standards? How n	many times you have not met the standards
Place	<b>Designation</b> Chief Of Medical Services		<b>Date</b> 2020-06-26