

# MAHARASHTRA POLLUTION CONTROL BOARD SUB REGIONAL OFFICE – PUNE - I

Phone - (020) 25816451  
Fax - (020) 25811029  
Email : sropune1@mpcb.gov.in  
Visit At : <http://mpcb.gov.in>



• 2<sup>nd</sup> Floor, "Jog Center"  
Wakadewadi Mumbai-Pune Road,  
Pune - 411003.

## LETTER OF BIO-MEDICAL WASTE AUTHORIZATION [Authorization for Generation, Storage of Bio-Medical Wastes under Rule 7(4)]

I. File number of authorization and date of issue

**SRO-PUNE1/BMW\_AUTH/1802000440**

**Date: - 27/02/2018**

II **SWANAND MATERNITY HOSPITAL & LABORATORY** hereby granted an Authorization for generation of biomedical waste on the premises situated **AT-POST S.NO. 1011/6 A DEEP BANGLOW CHOWK PUNE- 411016**

III This Authorization shall be in force for a period up to **31.12.2023**

An application shall be made by the occupier/operator for renewal **3 Months** before expiry of earlier authorization.

IV. This Authorization is issued subject to compliance of the conditions stated below and to such other conditions as may be specified in the Rules for the time being in force under the Environment (Protection) Act, 1986.

V. No of Beds: **09**

### Terms and Conditions of Authorization

1. The authorized Person shall comply with the provisions of the Environment (Protection) Act, 1986, and the Rules made there under.
2. The Authorization shall be produced for inspection at the request of an officer Authorized by the prescribed authority.
3. i) The authorized person shall not rent, lend or sell the biomedical waste or facility.  
ii) The authorized person can transfer the BMW generated at above premises to the "Transporter" or "Operator of Facility" authorized by MPCB under Bio-Medical Waste (Management and Handling) Rules, 1998 for collection, transportation, treatment and/or disposal of BMW generated.

*Signature*