



Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Application for Authorisation/Renewal of Autorisation under Bio-Medical waste (management and handling) Rule, 1998

(To be submitted in triplicate to Sub-Regional Office/Regional Office/Head Office of the board)

From: ASHISH MATERNITY & NURSING HOME

UAN: MPCB-BMW_AUTH-0000020889

To :The Member secretary,
Maharashtra Pollution Control Board
Regional Office - Mumbai, Kalpataru Point, 3rd & 4th floor,
Sion Matunga scheme, Road no. 8,
Opp. Sion Circle, Mumbai - 400 022

1) Particulars of Applicant

i) Name of Applicant(in block letters and in full)

DR AMISH RAMANLAL DOSHI

ii) Name of institution

ASHISH MATERNITY & NURSING HOME

Address of institution

199, JAI APARTMENTS, DIXIT CROSS ROAD, VILE PARLE (EAST) MUMBAI 400057

Telephone

9820071917

Fax

Email

doshi.amish@yahoo.co.in

2) Activity for which authorization is sought

i) Generation

1

ii) Collection

1

iii) Reception

1

iv) Storage

1

v) Transportation

0

vi) Treatment

0

vii) Disposal

0

viii) Any other form of handing

-

3) Please state whether applying for fresh authorization or for renewal

Renewal

In case of renewal, previous authorization no.

MPCB/SROM-II/BMW-AUTHO-63 MU 2857 - II

In case of renewal, previous authorization date

Sep 30, 2011

4) i) Address of the institution handling Bio Medical Waste

SMS Envoclean Pvt. Ltd., Mumbai

ii) Address of the place of treatment facility

SMS Envoclean Pvt. Ltd., Mumbai

iii) Address of the place of disposal of facility

SMS Envoclean Pvt. Ltd., Mumbai

5) i) Mode of transportation (if any) of Bio Medical Waste

-

ii) Modes of treatment

-

7) i) Category (see schedule I) of waste to be handled

ii) Quantity of waste (categorywise) to be handled per month.(Kg/month)

Human Anatomical Waste

5

Waste sharps

6

Solid Waste

6

Soiled Waste

6

8) Declaration

I do hereby declare that the statements made and information given above are true to the best of my knowledge and belief and that I have not concealed any information.

I do also hereby undertake to provide any further information sought by the prescribed authority in relation to these rules and to fulfill any conditions stipulated by the prescribed authority.

Annexure

Existing

1

New

0

Altered

0

(1) (a) Type of institution

NURSING HOME

(b) Is the firm registered

No

Registered as

Nursing home,

(c) If registered, Give the registration number

761412369

Date of registration

Jun 24, 2006

The authority with whom registered

M. C. G. M. KE WARD

The authority with whom registered

M. C. G. M. KE WARD

(2) No. of beds

10

(3) No. of patients treated per month

50

(4) No. of animals treated per month

0

(5) No. of animals slaughtered per month

0

(6) No. of samples analysed per month

0

(7) Population of town/city where the Institution is located

0

(8) (a) Total capital investment of the project

0

(b) Amount of fee paid

(c) Demand draft no.

Demand draft date

Jan 1, 1970

Bank drawn on

(d) MPCB receipt no.

Receipt date

Jan 1, 1970

(9) Total quality of waste generated per month

23KG

(10) Total quantity of BIO Medical Waste generated as per Bio Medical Waste management and handling, Rules 1989:

Name of waste	Quantity per month	Category	Mode of storage	Brief description of method of treatment and disposal
Category No. 1	5	Category No. 1	collected safely and handover to sms envoclean pvt ltd. Mumbai	-
Category No 4	6	Category No 4	collected safely and handover sms envoclean pvt ltd., Mumbai	-
Category No 6	6	Category No 6	collected safely and handover sms envoclean pvt ltd. mumbai	-
Category No. 7	6	Category No. 7	collected safely and handovered to sms envoclean pvt. ltd. Mumbai	-

(11) Quantity and source of water for

	Quantity per month	Category
a) Process (m ³ /d)	0	0
b) Domestic use (m ³ /d)	0	0

c) Other (m3/d) 0 0

(12)Sewage and trade effluent discharge

a) Quantum of discharge (m3/d)

0

b) Is there any effluent treatment plan

No

d) Is terminal facility provided by local body

No

e) Are facilities available with the applicant for carrying out the following tests of the water

	Already	Proposed
i) Physical	No	No
ii) Chemical	No	No
iii) Bacteriological	No	No
iv) Toxicological	No	No

g)Characteristics of final effluent

i) pH

-

ii) Suspended solids (mg/l)

-

iii) Total dissolved solids (mg/l)

-

iv) Oil and grease (mg/l)

-

v) Chemical oxygen demand (mg/l)

-

vi) Biochemical Oxygen demand(BOD)(mg/l)

-

vi) Parameters of self monitoring

-

Frequency of self monitoring

-

h) Mode of disposal and final discharge point such as into river, creek, sea, nalla, municipal sewer or over land

-

(13)Pertaining to stack (chimney) and vent emissions

a) No. of stacks

0

Height

0

Diameter

0

No. of vents

0

Height

0

Diameter

0

b) Quality of stack emissions from each of the stacks particulate matter and sulphur dioxide(SO2) (mg/m3)

0

Quantity of stack emissions from each of the stacks particulate matter and sulphur dioxide(SO2) (mg/m3)

0

c) A brief account of the air pollution control unit for emission control

-

d) Parameters of self monitoring

-

Frequency of self monitoring

-

14) Incinerator details

a) Combustion efficiency

-

b) Temperature of primary chamber

-

c) Temperature of secondary chamber

-

d) Particulate matter (mg/Nm3) at (12% CO2: Correction)

0

e) Nitrogen oxides

0

f) HCL (ppm)

NA

g) Stack height(Mts)

0

h) Stack diameter(Mts)

0

i) Type of fuel used

-

j) Volatile organic compounds in ash(%)

-

k) Details of pollution control devices installed/retrofitted with the incinerator,if any

-

15) Autoclave details

a) Type	Temperature	Pressure	Residence time
Autoclave Gravity flow	121	15PSI	60 Minutes

Autoclave Vacuum	-	-	-
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Others please specify

a) Type	Temperature	Pressure	Residence time
-	-	-	-

b) Results of validation test

i) Spore testing

-

ii) Routine test

-

16) Microwave details

a) Type/Make

-

b) Results of efficacy test

-

c) Results of routine test

-

17) Deep burial details

a) Dimensions of trench or pit

-

b) Location of deep burial site

-

Place	Date	Designation
VILE PARLE (EAST)	Mar 12, 2019	Owner

Task Flow Recommendations

MPCB-Officers

Recommendations

**Madhurima Joshi (SRO-Mumbai II) on
10-03-2022 16:41:17**

Visit ,process and put up

**Shri. Vikram Mane (FO-Mumbai II) on
19-11-2024 15:39:36**

As per Board circular dt. 04/02/2022 it was mandatory to obtain combined consent and authorization . Scrutiny letter issued accordingly . HCE has not replied to the scrutiny letter hence we may refused BMW authorization to avoid pendency . Submitted for approval pls .