

MAHARASHTRA POLLUTION CONTROL BOARD

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Wakdevadi, Pune - 411003.

**ORANGE/
No:- Format1.0/SRO/UAN No.0000021595**

Date: 07/09/2026

To,
Dr Kamthes Piles Clinic Private Limited
office no101 1st floor, Indraprastha landmarks so no
65 A2-9-1 kondhwa budruk pune,Pune (Municipal
Corporation.),Pune



Sub: Combined consent to operate and BMW Authorization under orange category to Health Care Establishment (HCE).

Ref:

1. Application for Combine Consent and Bio-Medical Waste Authorization vide no.UAN No.0000288295/CE/2606000021 dated 01.06.2026
2. Your application for Amendment in consent vide UAN No. MPCB-CONSENT_AMMENDMENT-0000021595 .

Ammendment in Combined Consent to Operate & BMW authorization

under Section 26 of the Water (Prevention & Control of Pollution) Act, 1974, Section 21 of the Air (Prevention & Control of Pollution) Act, 1981 and Bio-Medical Waste Management Rules, 2016, and Authorization under Rule 5 of the Hazardous Wastes (Management & Transboundary Movement) Rules, 2016 respectively, Under Environment (Protection) Act, 1986 is considered and the consent is hereby granted subject to following terms and conditions and as detailed in the schedule I, II, III, IV & V annexed to this order:

1. Following Amendment in Consent to Operate & BMW authorization:

Sr. No.	As per earlier CCA	Ammended
1	Dr. Kamthes Piles Clinic Private Limited	Dr. Kamthe's Piles Clinic, Surgical Hospital & Research Centre

2. All the other conditions mentioned in ref.no. 1 remains unchanged
3. This is issued with the overriding effect over orders issued by the Board vide ref. no. 1

This consent is issued on the basis of information/documents submitted by the Applicant/Project Proponent, if it has been observed that the information submitted by the Applicant/Project Proponent is false, misleading or fraudulent, the Board reserves its right to revoke the consent & further legal action will be initiated against the Applicant/Project Proponent.

Copy to:

1. Regional Officer, MPCB, Pune
2. Chief Accounts Officer, MPCB, Sion, Mumbai

