

**MAHARASHTRA POLLUTION CONTROL BOARD**  
**SUB- REGIONAL OFFICE Pune-1**

Ph. (020) 25811698



Jog Center Bldg.  
2nd floor, Wakdewadi,  
Mumbai – Pune Highway  
Pune 411003

MPCB/ SROP1/Consent/1901000751

Date: 15/01/2019

To,  
**M/s. NAGESHWAR CLINIC,**  
**AT POST PATAS, TAL-DAUND, DIST-PUNE.**

**Sub: -Return of application for BMW authorization..**

**Ref: - Online web-portal Authorization No.MPCB-BMW- Auth – 0000007071.**

Sir,

With reference to above this office is in receipt of your application for grant of BMW Authorization Upon scrutiny of application, it is observed that you have not uploaded the required document as per the BMW check list, hence this office is unable to process your authorization application.

In view of above, Your application for grant of Authorization is returned herewith for re submission along with the submission of required documents.

Yours Faithfully,

A handwritten signature in black ink that reads "Nitin Shinde".

**(Nitin Shinde)**  
**Sub-Regional Officer,**  
**M.P.C.Board, Pune-I**

Copy submitted to:-  
Regional Officer, MPC Board, Pune.