

# 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)]

File number of authorization and date of issue

SRO-PUNEI/BMW\_AUTH/1807000197

Date: 06/07/2018

II **KALE HOSPITAL** hereby granted an authorization for generation of biomedical waste on the premises situated **AT- 686/2 Siddhivinayak Tower Bibwewadi Pune 411037**

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: 06

### 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.
4. Any unauthorized change in equipment or working conditions as mentioned in the application by the person authorized shall constitute a breach of this Authorization.

For Dr. Kale  
*[Signature]*  
9371204304

- use more than one strip over the waste package at different location to ensure that the inner content of the package has been adequately autoclaved.
11. Every 'Authorized Person' shall submit an Annual Report to the prescribed authority Form-II by 31<sup>st</sup> January every year including information about the categories and quantities of BMW handled during the preceding year.
  12. (i) Every 'Authorized Person' shall maintain records related to the generation, collection, reception, storage, transportation, treatment, disposal and/or any form of handling of BMW in accordance with these Rules and any guidelines issued.  
(ii) All records shall be subject to inspection and verification by the prescribed authority at any time.
  13. When any accident occurs at any institution or facility or any other site where BMW is handled or during transportation of such waste, the authorized person shall report the accident in Form III to the prescribed authority forthwith.
  14. The Occupier will obey all the lawful instructions issued by the Board Officers from time to time.

For AND ON BEHALF OF M.P.C. BOARD

*Nitin Shinde*  
16/06/18  
(Nitin Shinde)  
SUB REGIONAL OFFICER,  
PUNE - I

To  
KALE HOSPITAL  
AT- 686/2 Siddhivinayak Tower Bihwewadi Pune 411037

Authorization Fees Received

S. No.	Amount	D.R. NO.	Bank	Date
1	6250.00	7610510	Central Bank	11.06.2018

Copy submitted to:-

1. The Member Secretary, MPCB, Mumbai.
2. The Principal Scientific Officer, MPCB, Mumbai.
3. The Regional Officer, MPCB, Pune.