MAHARASHTRA POLLUTION CONTROL BOARD

Tel: 020 - 25811627 Fax: 020 -25811029

Website: http://mpcb.gov.in Email: ropune@mpcb.gov.in



Jog Center, 3rd floor, Mumbai Pune Road, Wakdewadi, Pune - 411003.

Date: 24/11/2025

ORANGE/

No:- Format1.0/RO/UAN No.0000018506

To,

M/s. Orchid Specialty Hospital ,L Square B Wing Porwal Road, Dhayari Jakat Naka, Lohegaon, Pune -411047 Lifestyle for Environment

Your Service is Our Duty

Sub: Amendment for change in name.

Ref: Combine Consent and Bio-Medical Waste Authorization granted by the

Board vide no. Format1.0/RO/UAN No. 0000234178/CO/2504002354 dtd.

22/04/2025.

Change in name.

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	M/s.Orchid Cure & Care Pvt Ltd.	Orchid Specialty Hospital

- 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. Sub-Regional Officer, MPCB, Pune I
- They are directed to ensure the compliance of the consent conditions.
- 2. Chief Accounts Officer, MPCB, Sion, Mumbai

