



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: M/S AASHIRWAD HOSPITAL, DR. NARENDRASING SURATSING RAJPUT

UAN: MPCB-BMW_AUTH-0000044555

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. NARENDRASING SURATSING RAJPUT

ii) Name of institution

M/S AASHIRWAD HOSPITAL

Address of institution

PLOT NO. 271/2, LAXMI NAGAR, NEAR NUTAN TYPING, CHALISGAON TAL:- CHALISGAON, DIST:- JALGAON
424106

Telephone

02589229200

Fax

9096326100

Email

ashriwadhospital@gmail.com

2) Activity for which authorization is sought

i) Generation

0

ii) Collection

0

iii) Reception

0

iv) Storage

0

v) Transportation

0

vi) Treatment

0

vii) Disposal

0

viii) Any other form of handing

MANSAI BIOMEDICAL WASTE ENTERPRISES PVT LTD,GAT NO.413,NEAR RESOURCE FACTORY,SHIVAJI NAGAR,JALGAON

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

Renewal

In case of renewal, previous authorization no.

UAN NO.MPCB-BMW_AUTH/1805000

In case of renewal, previous authorization date

May 23, 2018

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

MANSAI BIOMEDICAL WASTE ENTERPRISES PVT LTD,GAT NO.413,NEAR RESOURCE FACTORY,SHIVAJI NAGAR,JALGAON

ii) Address of the place of treatment facility

MANSAI BIOMEDICAL WASTE ENTERPRISES PVT LTD,GAT NO.413,NEAR RESOURCE FACTORY,SHIVAJI NAGAR,JALGAON

iii) Address of the place of disposal of facility

MANSAI BIOMEDICAL WASTE ENTERPRISES PVT LTD,GAT NO.413,NEAR RESOURCE FACTORY,SHIVAJI NAGAR,JALGAON

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

AUTHORIZATION TRANSPOSITION OF MASAI BIOMEDICAL WASTE PVT LTD JALGAON

ii) Modes of treatment

AUTHORIZATION TRANSPOSITION OF MASAI BIOMEDICAL WASTE PVT LTD JALGAON

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

0.7

Waste sharps

5

Solid Waste

15

Soiled Waste

7

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

0

New

0

Altered

0

(1) (a) Type of institution

HOSPITAL

(b) Is the firm registered

No

Registered as

Hospital,

(c) If registered, Give the registration number

304

Date of registration

May 30, 2018

The authority with whom registered

CIVIL SURGEON GENERAL HOSPITAL JALGAON

The authority with whom registered

CIVIL SURGEON GENERAL HOSPITAL JALGAON

(2) No. of beds

35

(3) No. of patients treated per month

30

(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 quantity of waste generated per month

21

(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	0.7	Category No. 1	YELLOW COLORED NON CHLORINATE PLASTIC BAG	AUTHORIZATION TRANSPPOSITION OF MASAI BIOMEDICAL WASTE PVT LTD JALGAON
Category No 4	5	Category No 4	WHITE COLORED NON CHLORINATE PLASTIC BAG	AUTHORIZATION TRANSPPOSITION OF MASAI BIOMEDICAL WASTE PVT LTD JALGAON
Category No 6	15	Category No 6	YELLOW COLORED NON CHLORINATE PLASTIC BAG	AUTHORIZATION TRANSPPOSITION OF MASAI BIOMEDICAL WASTE PVT LTD JALGAON
Category No. 7	7	Category No. 7	YELLOW COLORED NON CHLORINATE PLASTIC BAG	AUTHORIZATION TRANSPPOSITION OF MASAI BIOMEDICAL WASTE PVT LTD JALGAON

(11) Quantity and source of water for

	Quantity per month	Category
a) Process (m ³ /d)	10	Ltr
b) Domestic use (m ³ /d)	5	Ltr
c) Other (m ³ /d)	10	Ltr

(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

0

ii) Suspended solids (mg/l)

0

iii) Total dissolved solids (mg/l)

0

iv) Oil and grease (mg/l)

0

v) Chemical oxygen demand (mg/l)

0

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

0

vi) Parameters of self monitoring

NA

Frequency of self monitoring

NA

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

NA

13) Pertaining to stack (chimney) and vent emissions

a) No. of stacks

NA

Height

0

Diameter

0

No. of vents

NA

Height

0

Diameter

0

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

NA

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

NA

d) Parameters of self monitoring

NA

Frequency of self monitoring

NA

14) Incinerator details

a) Combustion efficiency

NA

b) Temarature of primary chamber

NA

c) Temarature of secondary chamber

NA

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

NA

e) Nitrogen oxides

NA

f) HCL (ppm)

NA

g) Stack height(Mts)

0

h) Stack diameter(Mts)

0

i) Type of fuel used

0

j) Volatile organic compounds in ash(%)

0

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

0

15) Autoclave details

a) Type

Autoclave Gravity flow

Temperature

0

Pressure

0

Residence time

0

Autoclave Vaccum

0

0

0

Others please specify

a) Type

Temperature

Pressure

Residence time

b) Results of vaidation test

i) Spore testing

0

ii) Routine test

0

16) Microwave details

a) Type/Make

0

b) Results of efficacy test

0

c) Results of routine test

0

17) Deep burial details

a) Dimensions of trench or pit

0

b) Location of deep burial site

0

Place

JALGAON

Date

Jun 2, 2022

Designation

PROPRIETOR

Task Flow Recommendations

MPCB-Officers

Recommendations

Ajay Chavan (SRO-Jalgaon) on 15-06-2022
14:43:52

Visit. Process and Put up along with Visit report.

Manish Mahajan (FO-Jalgaon) on 21-06-2022
11:06:03

As per the revised industry categorization of HCE is consider in CCA. Hence case may be return for resubmission in CCA as per the circular dated 06.06.2022.Submitted for further orders please.

Ajay Chavan (SRO-Jalgaon) on 31-08-2022
23:40:58

As per the revised industry categorization of HCE is consider in CCA. Hence case may be return for resubmission in CCA as per the circular dated 06.06.2022 for resubmission of the application.
