



Application for Consent/ Authorisation

Sir,
I/We hereby apply for*

1. Consent to Establish/Operate/Renewal of consent under section 25 and 26 of the Water (Prevention & Control of Pollution) Act, 1974 as amended.
2. Consent to Establish/Operate/Renewal of consent under Section 21 of the Air (Prevention and Control of Pollution) Act, 1981, as amended.
3. Authorization/renewal of authorization under Bio-Medical Wastes Management Rules, 2016 as amended, Hazardous waste (M,& TM)n Rules, 2016, in connection with my/our/existing/proposed activity from the premises as per the details given below.

1.General Information

UAN No: MPCB-CONSENT-0000151027
Application submitted on: 17-10-2022

Industry Information

Industry Type: O88 Health-care Establishment
(as defined in BMW Rules)
Category: Orange
Scale: S.S.I

Consent To: Operate (1st Operate)
Submit to: SRO - Mumbai II

Consent to Establish Details

Consent to Establish No.	Consent to Establish Grant date	Consent to Establish Valid Upto
	01-01-1970	01-01-1970
Authorization No.	Authorization Grant date	Authorization Valid upto
SRO-MUMBAI II/BMW_AUTH/2106000111	03-06-2021	30-04-2022

Perticulars of Applicant (Owner/Occupier/Any other Authorised Person)

First Name Dr. HIFJURREHMAN	Father / Husband Name MOHAMMED	Last Name KASAM	Designation OWNER
Mobile No 7738973100	Telephone/Fax 00	Email carestfirst@gmail.com	Aadhar No 980665352905
PAN No AAEPH2573B	Address ROW HOUSE NO 12 CLASSIC VILLA SOCIETY BANDIVALI HILL ROAD JOGESHWARI WEST MUMBAI		Pin Code 400102

2. Health Care Facility (HCF) Information

a) Name of the Health Care Facility

K J CURE HOSPITAL

b) Address for Correspondance

Pin Code	District	City/Town
400102	Mumbai Suburban	Andheri
Survey/Gut No.	Name of premises /Building	Road/Street
1ST FLOOR	CAMPZ CORNER CHS	KEVANI PADA S V ROAD
Area/Locality	Email	Website URL
Jogeshwari West	carestfirst@gmail.com	00

c) Details of Contact Person

Name of the contact person	Contact No.	Email	Designation
MR AMJAD SHAIKH	7738973100	addy1amjad@gmail.com	ADMIN

d) Onwership of Facility

Private (Proprietary Establishment)

e) Month and year of commissioning of the HCF

29/04/2021

f) Area of the Facility / Hospital

i) Total plot area (in square meter)	ii) Built up area (in square meter)	iii) Open Plot Area (Sq.Mtr)
186	00	0.00

g) Enter Latitude and Longitude of site (In degrees)

Latitude (In degrees)	Longitude (In degrees)
19.14	72.84

h) Gross capital investment of the HCF/CBWF without depreciation till the date of application (Cost of building, land, plant and machinery). (To be supported by certificate from Chartered Accountant / Balance sheet)

CA Certificate

Sr. No.	Fixed Assets	Amount (in lakh)
1	Land	1.0000
2	Building / Premises	99.5800
3	Plant & Machinery / Equipment	51.2900
4	Furniture / Fixture	18.3000
5	Any other movable / immovable fixed assets (Please specify)	
5.a	COMPUTER AND PRINTER	0.5200
5.b	MARUTI CAR	3.4600
5.c	NA	NA
5.d	NA	NA
5.e	NA	NA
6	Capital Work in Progress (if any)	0.0000

Gross Capital (in Lakh)	Certificate Date
174.15 (Lakh)	28-09-2022

i) Compliance of Location Criteria

Location of facility	Whether it is notified industrial area	Land Use Type	Land Ownership
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Urban No Residential & Commercial Self Owned

j) Does HCF have Laundry facility in premises No

k) Does HCF have Canteen/Cafeteria facility in premises No

l) Does HCF have Hostel/Residential quarters in premises No

m) Number of Patient Treated per Day

OPD (Average Patient / Day) IPD / Admitted (Average Patient / Day)

40 2

n) Name of the local body under whose jurisdiction the HCF is located.

ULB Type

Municipal Corporation

ULB Name

o) Details of the planning permission obtained from the local body/Town and Country Planning authority/Metropolitan Development authority/ designated Authority

Planning Authority

SRA

Planning permission

Occupancy Certificate

3. BMW Authorization Details

a) Discipline of Medicine

Medicine

b) Bombay Nursing Home Registration Details

Total number of Beds	BNH Registration Number	Valid Upto	First Issued Date
15	887916545	31-03-2025	29-04-2021

Certificate issuing Authority

Medical Officer or Health Officer of Municipal Corporation

Total Bed Break up

General Beds	ICCU/ICU Beds	Maternity Beds	Operation Theatre	Oncology Beds	Other Beds
5	1	0	2	1	6

c) Diagnostic and Pharma Facilities available in Premises

Pathology Lab No

Blood Bank No

X-Ray No

CT Scan No

MRI No

USG No

ECG/EEG No

Medical Store / Pharmacy No

Other No

d) Whether HCE intended to Sale / Handover liquid BMW for R&D purpose

No

Category wise Bio-Medical Waste Collected ,Treated,Disposed			
Sr. No	Category	Type of Waste	Quantity not to exceed (Kg/M)
1	Yellow	a) Human Anatomical waste	23.00
		b) Animal Anatomical Waste	0
		c) Soiled Waste	10.00
		d) Expired or Discarded Medicines	2.00
		e) Chemical Waste	0
		f) Chemical Liquid Waste	0
		g) Discarded linen, mattresses, beddings contaminated with blood or body fluid.	4.00
		h) Microbiology Biotechnology and other clinical laboratory waste	0
2	Red	Contaminated waste (Recyclable)	47.00
3	White (Translucent)	Waste sharps including Metals	1.00
4	Blue	a. Glassware	2.00
		b. Metallic body implants	2.00

Details of Storage at Facility						
Sr No	Type	Category	Temporary Storage Area			Avg. No.of Bag/Container (Per Day)
			Length (Ft)	Width (Ft)	Height (Ft)	
1	Untreated BMW	Yellow	2.00	10.00	12.00	2.00
		Red	10.00	10.00	12.00	1.00
		Blue	10.00	10.00	12.00	1.00
		White	10.00	10.00	12.00	1.00

Do you Have Equipment Installed for Pretreatment of Yellow (g), (h) Category Waste

No

Whether you have establish a Bar-Code system for Bag or Containers containing Bio-Medical waste

No

Common Facility Membership Details (CTF)

CTF Name

M/s. SMS Envoclean Pvt. Ltd, Mumbai

Membership Number

40030757

Issued Date

31-12-2022

Do you have Captive Treatment

No

4.Consent Details

a) Sources of Water

i) Surface Water No

ii) Ground Water No

iii) Tanker Water Yes

Quantity of water (CMD) Source of tanker water (Surface,Borewell etc.)

00 NA

b) Water Consumption Details

Raw Water (CMD) **Recycle Water (CMD)** **Total Water Quantity Requirement (CMD)**
 1 00 1

c) Water consumption for different uses (CMD)

Purpose	Consumption	Effluent Generation	Treatment	Disposal
Domestic Purpose	2	1.5	STP	Local Bodies Sewer
Processing whereby water gets Polluted & Pollutants are Biodegradable	00	00	ETP	Local Bodies Sewer
Processing whereby Water gets Polluted, Pollutants are not Biodegradable & Toxic	00	00	ETP	Local Bodies Sewer
Industrial Cooling, spraying in mine pits or boiler feed	00	00	ETP	Local Bodies Sewer
Total	2.00	1.50		

d) Waste Waster Treatment

Have you installed STP or ETP

No

e) Other waste generation details

1) Municipal Solid Waste

a) Biodegradable Waste(kg/day) **b) Recyclable Waste(kg/day)** **c) Domestic Hazardous Waste(kg/day)**

0.00 0.00 0.00

2) E-Waste (Kg/Annum) 0.00

3) Plastic Waste (Kg/Annum) 0.00

4) Hazardous Waste (Kg/Annum) 0.00

Effluent Analysis result (As per latest report)				
Parameter	Permissible Limiting concentration	Latest 3 Sampling Dates		
		1st Date	2nd Date	3rd Date
		16-10-2022	16-10-2022	16-10-2022
pH	6.5 - 9.0	0	0	0
Oil and Grease (mg/l)	10	0	0	0
BOD (mg/l)	30	0	0	0
COD (mg/l)	250	0	0	0
TSS (mg/l)	100	0	0	0
Bio-Assay Test	90 % survival of fish after 96 hours in 100 % effluent	0	0	0

Air Pollution

Whether D.G. Set Installed

No

Capacity(KVA)	Make	Fuel Used	Fuel QTY	Unit	Stack Height in meter	Accoustic Enclosure for noise control
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Do you have Boiler Installed

No

Do you have Bio Medical Waste Management Committee Constituted

No

Average Cost (O & M) for ETP/STP

NA

Average Cost of APCD Rs/Year

Brief details of tree plantation/green belt development within applicant's premises

Open Space Availability

Plantation Done On

Number of Trees Planted

NA

NA

Whether Environmental Statement submitted

No

Environmental Statement submitted Date

01-01-1970

Any other additional information that the applicants desires to give

Do you have Infection Control Committee Constituted

No

6. Financial Details

Is there any Bank Gurantee impose on you during previous Consent/Authorization period.

No

Bank Gurantee Number	Date	Valid Up To	Amount	Bank Name	Branch
0	01-01-1970	NA	0	NA	NA

Additional Bank Gurantee Details, if Any					
Bank Gurantee Number	Date	Valid Up To	Amount	Bank Name	Branch
0	01-01-1970	NA	0	NA	NA