



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: MS SHREE NAGESH CHILDREN HOSPITAL C/O Dr Prashant juvekar

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 PRASHANT JUVEKAR

ii) Name of institution

MS SHREE NAGESH CHILDREN HOSPITAL

Address of institution

KESAR PLAZA 1ST FLR SECTOR 3 CHARKOP KANDIVALI WEST MUMBAI 400067

Telephone

022 28685535

Fax

Email

drprashantjuvekar@yahoo.com

2) Activity for which authorization is sought

i) Generation

1

ii) Collection

1

iii) Reception

1

iv) Storage

1

v) Transportation

1

vi) Treatment

1

vii) Disposal

1

viii) Any other form of handing

No

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

Renewal

In case of renewal, previous authorization no.