

MAHARASHTRA POLLUTION CONTROL BOARD

Grams: PREPOLL
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Sub-Regional Office- Nashik,
Udyog Bhavan, 1st floor, Fax
Trimbak Road, MIDC Comp.
Near ITI., Satpur, NASHIK-422007.

Online with the application

L. No: MPCB/SRONK/SCNI/210500077/2020

Date:- 10/5/2024

To,
M/s. PARIJAT HOSPITAL,
PACHORE LANE, NEAR S. T. STAND, SINNAR,
TAL. SINNAR DIST. NASHIK

Sub: - Show Cause Notice for refusal of application towards Authorization under Bio-Medical Waste Management Rules, 2016 & amendments thereto.
Ref: - Online application UAN No.- MPCB-BMW_AUTH- 0000032665


WHEREAS, it is mandatory and obligatory on the part of Health Care Establishment to comply with provisions made under Bio-Medical Waste Management Rules, 2016 & amendments thereto.

ANDWHEREAS, you have submitted online application for grant of Authorization under Bio-Medical Waste Management Rules, 2016 & amendments thereto for running your Health Care Establishment at aforesaid location to the Board vide above cited reference. Upon scrutiny of the said application it is noticed that, copy of Bank Guarantee of Rs. 25000/- , copy of valid Membership of CBMWTSDF and reply to scrutiny letter are not uploaded till the date.

ANDWHEREAS, after examining the record of the case and after making necessary enquiry this office has concluded that you have violated the provisions of various environmental enactments knowingly and wilfully.

NOW THEREFORE, you are hereby directed to show cause as why the said application for grant of Authorization under Bio-Medical Waste Management Rules, 2016 shall not be refused? and why closure directions shall not be issued to Health Care Establishment ?

Your reply, if any to this Show Cause Notice shall be submitted within 7 days from date of issuance of this notice, failing which, the said application will be refused and necessary legal action will be initiated against Health Care Establishment, which may be noted.


(Amar B. Durgule)

Sub Regional Officer, Nashik.

Copy Submitted to:-
The Regional Officer, M.P.C.Board, Nashik.