



## Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

### Application for Authorisation/Renewal of Authorisation 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:** MAHAVIR HOSPITAL

**UAN:** MPCB-BMW\_AUTH-0000044157

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 VIKESH KANTILAL MUTHA

**ii) Name of institution**

MAHAVIR HOSPITAL

**Address of institution**

A/P- KAMSHET, BESIDE RAILWAY STATION, TAL. MAVAL, PUNE-410405

**Telephone**

2114262101

**Fax**

**Email**

mahavirhsp@gmail.com

#### 2) Activity for which authorization is sought

**i) Generation**

1

**ii) Collection**

1

**iii) Reception**

0

**iv) Storage**

0

**v) Transportation**

0

**vi) Treatment**

0

**vii) Disposal**

0

**viii) Any other form of handing**

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

Renewal

**In case of renewal, previous authorization no.**

1909000006

**In case of renewal, previous authorization date**

Sep 4, 2019

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

LIFE SECURE ENTERPRISES, MIMER MEDICAL COLLEGE CAMPUS, TALEGAON DABHADE, TAL- MAVAL, PUNE-410507

**ii) Address of the place of treatment facility**

MIMER MEDICAL COLLEGE CAMPUS, TALEGAON DABHADE, PUNE-410507

**iii) Address of the place of disposal of facility**

MIMER MEDICAL COLLEGE CAMPUS, TALEGAON DABHADE, PUNE-410507

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

COLLECTION VEHICLE

**ii) Modes of treatment**

NA

**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

7

Waste sharps

16

Discarded Medicines and Cytotoxic drugs

5

Solid Waste

15

Soiled Waste

12

**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**

1

**New**

0

**Altered**

0

**(1) (a) Type of institution**

HOSPITAL

**(b) Is the firm registered**

Yes

**Registered as**

Hospital,

**(c) If registered, Give the registration number**

606

**Date of registration**

Apr 10, 2019

**The authority with whom registered**

ZILLA PARISHAD PUNE

**The authority with whom registered**

ZILLA PARISHAD PUNE

**(2) No. of beds**

37

**(3) No. of patients treated per month**

170

**(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**

35000

**(8) (a) Total capital investment of the project**

6481474

**(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 quality of waste generated per month**

50

(10) Total quantity of BIO Medical Waste generated as per Bio Medical Waste management and handling, Rules 1989:

<b>Name of waste</b>	<b>Quantity per month</b>	<b>Category</b>	<b>Mode of storage</b>	<b>Brief description of method of treatment and disposal</b>
Category No. 7	12	Category No. 7	YELLOW BAG	COLLECTED AND HANDOVER FOR FUTURE TREATMENT TO LIFE SECURE ENTERPRISES
Category No 4	16	Category No 4	CONTAINERS	COLLECTED AND HANDOVER FOR FUTURE TREATMENT TO LIFE SECURE ENTERPRISES
Category No 5	5	Category No 5	BLACK BAG	COLLECTED AND HANDOVER FOR FUTURE TREATMENT TO LIFE SECURE ENTERPRISES
Category No 6	15	Category No 6	YELLOW BAG	COLLECTED AND HANDOVER FOR FUTURE TREATMENT TO LIFE SECURE ENTERPRISES
Category No. 7	12	Category No. 7	RED BAG	COLLECTED AND HANDOVER FOR FUTURE TREATMENT TO LIFE SECURE ENTERPRISES

(11) Quantity and source of water for

	<b>Quantity per month</b>	<b>Category</b>
a) Process (m3/d)	0	0
b) Domestic use (m3/d)	0	0
c) Other (m3/d)	0	0

(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

	<b>Already</b>	<b>Proposed</b>
i) Physical	No	No
ii) Chemical	No	No
iii) Bacteriological	No	No
iv) Toxicological	No	No

g)Characteristics of final effluent

**i) pH**

NA

**ii) Suspended solids (mg/l)**

NA

**iii) Total dissolved solids (mg/l)**

NA

**iv) Oil and grease (mg/l)**

NA

**v) Chemical oxygen demand (mg/l)**

NA

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

NA

**vi) Parameters of self monitoring**

0

**Frequency of self monitoring**

0

**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**

0

**Height**

0

**Diameter**

0

**No. of vents**

0

**Height**

0

**Diameter**

0

**b) Quality of stack emissions from each of the stacks particulate matter and sulphur dioxide(SO<sub>2</sub>) (mg/m<sup>3</sup>)**

0

**Quantity of stack emissions from each of the stacks particulate matter and sulphur dioxide(SO<sub>2</sub>) (mg/m<sup>3</sup>)**

0

**c) A brief account of the air pollution control unit for emission control**

0

**d) Parameters of self monitoring**

0

**Frequency of self monitoring**

0

**14) Incinerator details**

**a) Combustion efficiency**

0

**b) Temperature of primary chamber**

0

**c) Temperature of secondary chamber**

0

**d) Particulate matter (mg/Nm<sup>3</sup>) at (12% CO<sub>2</sub>: Correction)**

0

**e) Nitrogen oxides**

0

**f) HCL (ppm)**

0

**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**

<b>a) Type</b>	<b>Temperature</b>	<b>Pressure</b>	<b>Residence time</b>
Autoclave Gravity flow	0	0	0
Autoclave Vacuum	0	0	0

**Others please specify**

<b>a) Type</b>	<b>Temperature</b>	<b>Pressure</b>	<b>Residence time</b>
AUTOCLAVE VERTICAL	121	1.2	45

**b) Results of validation 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***

KAMSHET

***Date***

Apr 25, 2022

***Designation***

MEDICAL DIRECTOR

## Task Flow Recommendations

MPCB-Officers	Recommendations
<b>Shri. Navanath Sambhaji Awatade (SRO-Pune II) on 30-05-2022 14:55:23</b>	Process and put up
<b>(FO-Pune II) on 02-06-2022 16:00:42</b>	Application for renewal of BMW Authorization with 35 nos beds. Hospital has obtained the membership of Life Secure Enterprises Talegaon for treatment & disposal of BMW which is expire on 31.06.2022. They have obtained Bombay nursing act certificate. They have paid BMW authorization fees of Rs.2500/-. In view of the above, application submitted for further order please, If approved.
<b>Shri. Navanath Sambhaji Awatade (SRO-Pune II) on 12-07-2022 11:54:06</b>	Applied for authorization for renewal of 37 beds. In view of above we may consider the application for renewal of authorization subject to submission of BMW within 3 months, if approved.
<b>Shri. Babasaheb Mahipatrao Kukade (RO-Pune) on 20-10-2022 18:18:55</b>	Done By System as requested by RO - Pune In Ticket Details: MPCB-TICKET-0000064691
<b>Shri. Navanath Sambhaji Awatade (SRO-Pune II) on 30-11-2022 00:28:57</b>	<b>Application returned to industry with following remarks:</b> The HCE vide UAN No. MPCB-BMW_AUTH-0000044157 has applied for only authorization application and not for the Combined Consent and Authorization (CCA). This office has submitted the application to RO Pune for grant of authorization however they have return the said application to my desk for submitting request to Health Care Establishments (HCE) for CCA application. In view of this we have inform the concern Health Care Establishment (HCE) for the same, meanwhile keep the above application in abeyance till they apply for Combined Consent and Authorization (CCA).
<b>Shri. Navanath Sambhaji Awatade (SRO-Pune II) on 06-12-2022 11:51:02</b>	<b>Industry has submitted the compliance with following remarks:</b> WE SUBMITTED CCA APPLICATION THROUGH MPCB-CONSENT-0000154828 ,. WE DID PAYMENT OF 15000 RS FOR THE SAME. SO ISSUE US MPCB RENEWAL CONSET AS ERLY AS POSSIBLE. WE UPLOAD CCA CONSENT APPLICATION. KINDLY GO THROGH IT AND DO THE NEEDFUL
<b>Shri. Babasaheb Mahipatrao Kukade (RO-Pune) on 09-09-2023 18:39:22</b>	Process and put up.
<b>(FO-Pune) on 07-01-2024 09:08:36</b>	: The HCE vide UAN No. MPCB-BMW_AUTH-0000044157 has applied for only authorization application and not for the Combined Consent and Authorization (CCA).Hence we are unable to process the said application. IN view of above we may return/ refuse this application,if approved. Submitted,please.