

MAHARASHTRA POLLUTION CONTROL BOARD

Tel: 22640345

Fax: -

Website: <http://mpcb.gov.in>

Email:

sromumbai2@mpcb.gov.in



Kalpataru Point, 2nd floor,
Opp. PVR Theatre, Sion (E),
Mumbai-400022
,Maharashtra

GREEN/S.S.I

Date: 07/02/2026

No:- Format1.0/SRO/UAN No.0000019433

To,
SUYASH NURSING HOME 001/B, LINKWAY APARTMENT
CHS LTD., CHARAT SINGH COLOY, CHAKALA ANDHERI
(EAST) MUMBAI



Sub: Amendment in Combine Consent and Bio-Medical Waste Authorization wrt Correction in address.

Ref:

1. Combine Consent and Bio-Medical Waste Authorization granted by the Board vide no.MPCB-CONSENT-0000266921 dtd. 22/12/2025
2. Your application for Amendment vide no. MPCB-CONSENT_AMMENDMENT-0000019433

Correction in address

under Section 26 of the Water (Prevention & Control of Pollution) Act, 1974, Section 21 of the Air (Prevention & Control of Pollution) Act, 1981 and Bio-Medical Waste Management Rules, 2016, and Authorization under Rule 5 of the Hazardous Wastes (Management & Transboundary Movement) Rules, 2016 respectively, Under Environment (Protection) Act, 1986 is considered and the consent is hereby granted subject to following terms and conditions and as detailed in the schedule I, II, III, IV & V annexed to this order:

1. Following Amendment in Consent to Operate & BMW authorization:

Sr. No.	As per earlier CCA	Ammended
1	SUYASH NURSING HOME ,RAIKAR CHAMBERS, A WING 2ND FLOOR DEONAR GAON ROAD NEAR JAIN MANDIR GOVANDI (E), Kurla,Mumbai Suburban-400088	SUYASH NURSING HOME 001/B, LINKWAY APARTMENT CHS LTD., CHARAT SINGH COLOY, CHAKALA ANDHERI (EAST) MUMBAI

2. All the other conditions mentioned in ref.no. 1 remains unchanged. This is to be read along with CCA granted as per ref. No.01

This consent is issued on the basis of information/documents submitted by the Applicant/Project Proponent, if it has been observed that the information submitted by the Applicant/Project Proponent is false, misleading or fraudulent, the Board reserves its right to revoke the consent & further legal action will be initiated against the Applicant/Project Proponent.

Copy to:

1. Regional Officer, MPCB, Mumbai
2. Chief Accounts Officer, MPCB, Sion, Mumbai

