



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-0000165620 **Application submitted on:** 19-03-2023

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 - Nashik

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
	01-02-2022	31-12-2022

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

First Name Dr. Swapnil	Father / Husband Name Suhas	Last Name Chaudhari	Designation Doctor
Mobile No 9011040135	Telephone/Fax	Email asarabaidarade@gmail.com	Aadhar No 651734166772
PAN No AISPC5246J	Address Survey No. 101/3, At. Dhanore, Post. Bhatgaon, Tal. Yeola,		Pin Code 423401

2. Health Care Facility (HCF) Information

a) Name of the Health Care Facility

Matoshri Education Society's
Matoshri Ayurved Hospital

b) Address for Correspondance

Pin Code	District	City/Town
423401	Nashik	Yevla
Survey/Gut No.	Name of premises /Building	Road/Street
Gut No 131	Dhanore	Dhanore
Area/Locality	Email	Website URL
Yeola	asarabaidarade@gmail.com	

c) Details of Contact Person

Name of the contact person	Contact No.	Email	Designation
Mr Samadhan Zalte	9011040135	asarabaidarade@gmail.com	Authorized Person

d) Onwership of Facility

Urban Local Bodies (Corporation/Council)

Name of the Local Body Dhanore

e) Month and year of commissioning of the HCF

01/01/2023

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)
772	249	523.00

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

Latitude (In degrees)	Longitude (In degrees)
20.0431	74.4826

h) Gross capital investment of the HCF/CBUTF 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	8.0000
2	Building / Premises	50.6300
3	Plant & Machinery / Equipment	23.5700
4	Furniture / Fixture	8.4000
5	Any other movable / immovable fixed assets (Please specify)	
5.a	Other Immovable Assets	1.3800
5.b	Computers Software	0.7700
5.c	NA	NA
5.d	NA	NA
5.e	NA	NA
6	Capital Work in Progress (if any)	NA

Gross Capital (in Lakh)

92.75 (Lakh)

Certificate Date

31-03-2022

i) Compliance of Location Criteria

Location of facility	Whether it is notified industrial area	Land Use Type	Land Ownership
Rural	No	Agriculture	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)
20	20

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

ULB Type

Grampanchayat

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

Gram Panchayat

Planning permission

Occupancy Certificate

3.BMW Authorization Details

a) Discipline of Medicine

Ayurved

b) Bombay Nursing Home Registration Details

Total number of Beds	BNH Registration Number	Valid Upto	First Issued Date
100	631	31-03-2023	29-09-2018

Certificate issuing Authority

District Health Officer

Total Bed Break up

General Beds	ICCU/ICU Beds	Maternity Beds	Operation Theatre	Oncology Beds	Other Beds
40	10	10	2	2	36

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 HCF 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	100.00
		b) Animal Anatomical Waste	0
		c) Soiled Waste	150.00
		d) Expired or Discarded Medicines	50.00
		e) Chemical Waste	0
		f) Chemical Liquid Waste	0
		g) Discarded linen, mattresses, beddings contaminated with blood or body fluid.	50.00
		h) Microbiology Biotechnology and other clinical laboratory waste	75.00
2	Red	Contaminated waste (Recyclable)	250.00
3	White (Translucent)	Waste sharps including Metals	100.00
4	Blue	a. Glassware	49.00
		b. Metallic body implants	1.00

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	0	0	0	0
		Red	0	0	0	0
		Blue	0	0	0	0
		White	0	0	0	0

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. Water Grace Products , Nashik

Membership Number

Issued Date

31-03-2023

Do you have Captive Treatment

No

4.Consent Details

a) Sources of Water

i) **Surface Water** Yes

Name of the water supply **Water Consumption Quantity (CMD)**

Gram Panchayat 35

ii) **Ground Water** No

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	Acoustic Enclosure for noise control
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Do you have Boiler Installed

No

Boiler Details						
Make	Model	Combustion efficiency	Fuel Type	Qty	Shape (round/rectangular)	

Do you have adequate facility for collection of samples of emissions in the form of port holes, platform, ladder\etc. As per Central Board Publication "Emission regulations Part-III" (December, 1985)

Port hole

No

Platform

No

Ladder

No

Parameter	Permissible Limiting concentration	Latest 3 Sampling Dates		
		1st Date	2nd Date	3rd Date
		NA	NA	NA
Particulate matter	50 mg/Nm3	0	0	0
Nitrogen oxides	400 mg/Nm3	0	0	0
HCL	50 mg/Nm3	0	0	0
Total Dioxins and Furans	0.1 ng TEQ/Nm3 (at 11% O2)	0	0	0
Hg and its compounds	0.05 mg/Nm3	0	0	0

Whether you have provided Online Continuous Emission Monitoring Systems (OCEMS)

No

Quantity of ash generated from Boiler (Tonnes/ month):

Mode of Disposal of Boiler ash

Provision Of Alternate Electric Supply

No

Separate Electricity Meter Provided to Pollution control Devices

No

Hazardous Waste

CHWSDF Details

CHWTDF Facility Name

NA

CHWTDF Membership Number

0

Hazardous Waste Details		
Description	Waste Category	Quantity in MT/Month
Incineration Ash	37.3	0

STP/ETP	35.3	0
Used Oil		0

Non-Hazardous Waste aspect					
Description	Quntity	UOM	Treatment	Treatment	Remarks

Legal Section				
Legal Action Type	Legal Action Ref No	Legal Action Date	Legal Action Details	Remarks
NA	NA	01-01-1970	NA	NA

5. Additional Information

Do you have Bio Medical Waste Management Committee Constituted

No

Average Cost (O & M) for ETP/STP

100000

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

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