



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-0000191961 **Application submitted on:** 27-12-2023

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 - Satara

Consent to Establish Details

Consent to Establish No.	Consent to Establish Grant date	Consent to Establish Valid Upto
Format1.0/BO/PSO/HOD-17	03-09-2016	03-09-2021
Authorization No.	Authorization Grant date	Authorization Valid upto
	01-01-1970	01-01-1970

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

First Name	Father / Husband Name	Last Name	Designation
Dr. Shrikant	Vijay	Kashikar	Doctor
Mobile No	Telephone/Fax	Email	Aadhar No
9822036195	9822036195	sawkarayurved@gmail.com	397069667891
PAN No	Address	Pin Code	
ABKPP3524H	Grampanchayat At Panmale wadi po- Vare, Tal- Satara, Dist- Satara.	415015	

2. Health Care Facility (HCF) Information

a) Name of the Health Care Facility

Sawkar Ayurvedic
Hospital

b) Address for Correspondance

Pin Code	District	City/Town
415015	Satara	Satara
Survey/Gut No.	Name of premises /Building	Road/Street
Gat No. 247	Grampanchayat At panmalewadi po- Vare, Tal- Satara, Dist- Satara.	Panmalewadi road
Area/Locality	Email	Website URL
Varye	sawkarayurved@gmail.com	NA

c) Details of Contact Person

Name of the contact person	Contact No.	Email	Designation
Dr Shrikant Vijay Kashikar	9822036195	sawkarayurvedichospital@gmail.com	Doctor

d) Onwership of Facility

Private (Proprietary Establishment)

e) Month and year of commissioning of the HCF

26/01/2024

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)
3500	4687.89	1000.00

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

Latitude (In degrees)	Longitude (In degrees)
17.48	74.04

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	1.0000
2	Building / Premises	153.8000
3	Plant & Machinery / Equipment	52.9700
4	Furniture / Fixture	15.7300
5	Any other movable / immovable fixed assets (Please specify)	
5.a	NA	9.1600
5.b	NA	3.5800
5.c	NA	NA
5.d	NA	NA
5.e	NA	NA
6	Capital Work in Progress (if any)	NA

Gross Capital (in Lakh)

236.24 (Lakh)

Certificate Date

07-10-2023

i) Compliance of Location Criteria

Location of facility	Whether it is notified industrial area	Land Use Type	Land Ownership
Urban	No	Residential & Commercial	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)

122 25

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

Sarpanch Grampanchayat panmalewadi

Planning permission

Occupancy Certificate

3.BMW Authorization Details

a) Discipline of Medicine

Medicine

b) Bombay Nursing Home Registration Details

Total number of Beds	BNH Registration Number	Valid Upto	First Issued Date
60	2050	31-03-2024	09-10-2015

Certificate issuing Authority

District Health Officer

Total Bed Break up

General Beds	ICCU/ICU Beds	Maternity Beds	Operation Theatre	Oncology Beds	Other Beds
53	0	5	2	0	0

c) Diagnostic and Pharma Facilities available in Premises

Pathology Lab	Yes	Average Samples/day	1
Blood Bank	No		
X-Ray	Yes	X-Ray Number Per Day	2
CT Scan	No	CT Scan Number Per Day	
MRI	No	MRI Number Per Day	
USG	No		
ECG/EEG	Yes	ECG Number Per Day	1
Medical Store / Pharmacy	No		
Other	No		

d) Whether HCE 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	1.00
		b) Animal Anatomical Waste	0.00
		c) Soiled Waste	68.00
		d) Expired or Discarded Medicines	0.00
		e) Chemical Waste	0.00
		f) Chemical Liquid Waste	0.00
		g) Discarded linen, mattresses, beddings contaminated with blood or body fluid.	0.00
		h) Microbiology Biotechnology and other clinical laboratory waste	0.00
2	Red	Contaminated waste (Recyclable)	25.00
3	White (Translucent)	Waste sharps including Metals	1.00
4	Blue	a. Glassware	18.50
		b. Metallic body implants	0.00

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	6.00	3.00	6.00	1.00
		Red	6.00	3.00	6.00	1.00
		Blue	6.00	3.00	6.00	1.00
		White	6.00	3.00	6.00	1.00

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

Surya Enviro Waste Management Private Limited

Membership Number

SEWM2023 1357

Issued Date

31-03-2024

Do you have Captive Treatment

Yes

Incinerator				
Make	Model	Installed Capacity	Unit	Proposed hrs of operation (Hrs)
NA	NA	0	Kg/hr	0

Autoclaves / Microwave Details								
Make	Model	Type	Installed Capacity	Unit	No of Cycle per day	Temp.(°C)	Pressure (Psi)	Residence time (Min)
NA	NA	Select	0	Litres/Cycle	0	0	0	0

Shredder			
Make	Model	Installed Capacity	Unit
NA	NA	0	Kg/hr

4.Consent Details

a) Sources of Water

i) Surface Water Yes

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

Local Body water supply 14.7

ii) Ground Water No

iii) Tanker Water No

b) Water Consumption Details

Raw Water (CMD)	Recycle Water (CMD)	Total Water Quantity Requirement (CMD)
14.7	0	14.7

c) Water consumption for different uses (CMD)

Purpose	Consumption	Effluent Generation	Treatment	Disposal
Domestic Pourpose	8.7	5.8	STP	On Land For Gardening
Processing whereby water gets Polluted & Pollutants are Biodegradable	6	5	ETP	On Land For Gardening
Processing whereby Water gets Polluted,Pollutants are not Biodegradable & Toxic	0	0	ETP	On Land For Gardening
Industrial Cooling,spraying in mine pits or boiler feed	0	0	ETP	On Land For Gardening
Total	14.70	10.80		

d) Waste Waster Treatment

Have you installed STP or ETP

No

e) Other waste generation details

1) Municipal Solid Waste

a) Biodegradable Waste(kg/day) **b) Recyclable Waste(kg/day)** **c) Domestic Hazardous Waste(kg/day)**

0.00 0.00 0.00

2) E-Waste (Kg/Annum) 0.00

3) Plastic Waste (Kg/Annum) 0.00

4) Hazardous Waste (Kg/Annum) 0.00

Effluent Analysis result (As per latest report)				
Parameter	Permissible Limiting concentration	Latest 3 Sampling Dates		
		1st Date	2nd Date	3rd Date
		05-09-2023	08-10-2023	07-11-2023
pH	6.5 - 9.0	7.00	8.00	8.00
Oil and Grease (mg/l)	10	9.00	8.00	9.00
BOD (mg/l)	30	25.00	26.00	28.00

COD (mg/l)	250	245.00	245.00	248.00
TSS (mg/l)	100	94.00	97.00	97.00
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
----------------------	-------------	------------------	-----------------	-------------	------------------------------	---

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	Quantity	UOM	Treatment	Treatment	Remarks
NA	0	NA	NA	NA	NA

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

5. Additional Information

Do you have Bio Medical Waste Management Committee Constituted

No

Average Cost (O & M) for ETP/STP

60000

Average Cost of APCD Rs/Year

60000.00

Brief details of tree plantation/green belt development within applicant's premises

Open Space Availability	Plantation Done On	Number of Trees Planted
1000	800	25

Whether Environmental Statement submitted

No

Environmental Statement submitted Date

27-12-2023

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