



**Form - II**  
**(see rule 10 of BMWM Rules 2016), Amendment, 2018**  
**Application for Combined Consent and Bio-Medical Waste Authorization (CCA)**

**From:**

To :Maharashtra Pollution Control Board  
Regional Office - Mumbai, Kalpataru Point, 3rd & 4th floor,  
Sion Matunga scheme, Road no. 8,  
Opp. Sion Circle, Mumbai - 400 022

**Submit To:**

SRO-Mumbai III

**Application Type**

Fresh

**1) Name of Authorized person**

Mr.Santosh D. Salgaonkar

**2) Aadhaar No.**

239179590164

**3) PAN Card No.**

AAVCS8021P

**4) Address as per Aadhaar**

B-15, Mutual Colony, Mogul Lane, Near Tendulkar Hall, Mahim West, Mumbai, Maharashtra 400016

**5) Address of Clinic / Dispensary**

Siemens Healthcare Private Limited Through Connect And Heal Primary Care Company PVT. LTD., Godrej One, 9th Floor, Pirojshanagar, Eastern Express Highway, Vikhroli East, Mumbai Suburban-400079

**6) Shop & Establishment Registration or Telephone bill / Mobile bill / Electricity bill / Registered Rent Agreement Copy (For Address Proof).**

**7) Communication address**

Siemens Healthcare Private Limited Through Connect And Heal Primary Care Company PVT. LTD., near , Godrej One, 9th Floor, Pirojshanagar, Eastern Express Highway, Vikhroli East, Mumbai Suburban - 400079

**8) Telephone Number**

022-33700600

**9) Mobile Number**

9820702823

**10) e-mail**

salsan\_16@yahoo.com

**11) e-mail (Optional)**

santosh.salgaonkar@siemens-healthineers.com

**12) Ownership**

Private

**13) GPS co-ordinates of clinic**

<b>latitude</b>	<b>longitude</b>
19	72

**14 a) Faculty**

i) Medical

**14 b) Establishment Type**

14

**15) Membership of Professional Association (e.g. IMA, Dental Association, MMC, MCIM, MCH)**

**a) Is Membership obtained of Professional Association**

Yes

**b) Name of the registration body**

**c)Registration number**

80344

**d)Validity**

28-02-22

**16) Average No. of Patient Treated per day**

0

**17) Membership details of Common BMW Treatment Facility**

**a) Registered with Common Bio-medical Waste (CBMW) Treatment Facility**

Yes

**b)Name of the CBMW Treatment Facility**

SMS ENVOCLEAN PVT LTD

**c)CBMW Treatment Facility Membership Registration Number**

40016062

**d)CBMW Facility Membership Certificate Expiry Date**

31-12-22

**18) Details of Bio-medical Waste Category and Quantity to be handled**

<b>Category</b>	<b>Type of waste</b>	<b>Quantity generated or collected, kg/day</b>	<b>Methods of treatment and disposal(Refer schedule I)</b>
<b>Yellow</b>	<b>(a) Human Anatomical Waste: (b) Animal Anatomical waste: (c) Solid waste: (d) Expired or Discarded Medicines: (e) Chemical Solid Waste: (f) Chemical liquid Waste: (g) Discarded linen, mattresses, bleedings contaminated with blood or body fluid: (h) Microbiology, Biotechnology and other clinical laboratory waste:</b>	0.133333	disposed at SMS ENVOCLEAN PVT LTD
<b>Red</b>	<b>(a) Contaminated waste (Recyclable):</b>	0.066667	disposed at SMS ENVOCLEAN PVT LTD
<b>White (Translucent)</b>	<b>(a) waste sharps including metals:</b>	0.033333	disposed at SMS ENVOCLEAN PVT LTD
<b>Blue</b>	<b>(a) Glassware: (b) Metallic Body Implants:</b>	0.033333	disposed at SMS ENVOCLEAN PVT LTD

**19) Details of direction or notices or legal action if any during earlier period of authorization**

No

**20) Gross Capital**

5.00

1000

**Declaration :**

**I do hereby declare that the statements made and information given above are true to the best of my knowledge and that i have not concealed any information.**

**I hereby undertake to provide any further information sought by the prescribed authority and to fulfill any conditions stipulated by the prescribed authority in CCA granted.**

**I here by undertake to renew membership of Common Treatment Facility and Professional Body time to time. I also understand that non-renewal of CBMWTF membership and Professional Body will automatically attract termination of CCA without further notice to me. In case of such termination I am deemed to be eligible for legal actions under E(P) Act 1986 and BMWM Rules 2016.**

***I am enrolled with the competent council to practice.***