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:	***Application submitted on:***
MPCB-CONSENT-0000209413	16-05-2024

Industry Information

Industry Type:	***Category:***	***Scale:***
O88 Health-care Establishment (as defined in BMW Rules)	Orange	S.S.I

Consent To:	***Submit to:***
Establish (New)	SRO - Jalgaon

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

First Name	***Father / Husband Name***	***Last Name***	***Designation***
Dr. DILIP	BHASKAR	PATIL	PRINCIPAL

Mobile No	***Telephone/Fax***	***Email***	***Aadhar No***
8169203610	025722366670	fbduphmc@gmail.com	999805603882

PAN No	***Address***	***Pin Code***
AJGPP6568H	Homoeopathic campus NH6 JALGAON BHUSAWAL ROAD JALGAON KH	425309

2. Health Care Facility (HCF) Information

a) Name of the Health Care Facility

Godavari Foundations Dr Ulhas Patil homeopathic Medical Collage And Hospital Jalgaon Kh

b) Address for Corrspondance

Pin Code	***District***	***City/Town***
425309	jalgaon	Jalgaon
Survey/Gut No.	***Name of premises /Building***	***Road/Street***
315,316	homeopathi building	Homoeopathic campus NH6 JALGAON BHUSAWAL ROAD JALGAON KH
Area/Locality	***Email***	***Website URL***
Jalgaon K H	fbduphmc@gmail.com	https://duphmc.ac.in

c) Details of Contact Person

Name of the contact person	***Contact No.***	***Email***	***Designation***
Dr Dilip Bhaskar Patil	8169203610	fbduphmc@gmail.com	Principal

d) Onwership of Facility

Private (Ownership under trust)

e) Month and year of commissioning of the HCF

20/09/2022

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)***
4046.86	4200	1161.80

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

Latitude (In degrees)	***Longitude (In degrees)***
21.008694	75.564095

h) Gross capital investment of the HCF/CBWTF 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	10.7100
2	Building / Premises	799.0100
3	Plant & Machinary / Equipment	36.4000
4	Furniture / Fixture	38.0700
5	Any other movable / immovable fixed assets (Please specify)	
5.a	Library Books	8.8000
5.b	NA	NA
5.c	NA	NA
5.d	NA	NA
5.e	NA	NA
6	Capital Work in Progress (if any)	NA

Gross Capital (in Lakh)	***Certificate Date***
892.99 (Lakh)	13-04-2024

i) Compliance of Location Criteria

Location of facility	Whether it is notified industrial area	Land Use Type	Land Ownership
Rural	No	Other (Non Agriculture)	Self Owned

j) Does HCF have Laundry facility in premises — No

k) Does HCF have Canteen/Cafeteria facility in premises — Yes

Area (Sq.Ft.)	Water Consumption/day (CMD)	No of Cafeteria
200.00	10.00	2

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)
280	34

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	Planning permission
Gram panchayat Jalgaon Kh	Occupancy Certificate

3.BMW Authorization Details

a) Discipline of Medicine

Homeopathy

b) Bombay Nursing Home Registration Details

Total number of Beds	BNH Registration Number	Valid Upto	First Issued Date
100	17	31-03-2025	30-09-2022

Certificate issuing Authority
District Health Officer

Total Bed Break up

General Beds	ICCU/ICU Beds	Maternity Beds	Operation Theatre	Oncology Beds	Other Beds
80	0	18	2		

c) Diagnostic and Pharma Facilities available in Premises

Pathology Lab	Yes	**Average Samples/day**	15
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**	5
Medical Store / Pharmacy	Yes	**Nos**	1
Other	No		

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	1.50	1.50	2.00	1.00
		Red	1.50	1.50	2.00	1.00
		Blue	1.50	1.50	2.00	1.00
		White	1.50	1.50	2.00	1.00

4.Consent Details

a) Sources of Water

i) Surface Water No

ii) Ground Water No

iii) Tanker Water Yes

Quntity of water (CMD) ***Source of tanker water (Surface,Borewell etc.)***

40 Surface

b) Water Consumption Details

Raw Water (CMD) ***Recycle Water (CMD)*** ***Total Water Quantity Requirement (CMD)***

30 10 40

c) Water consumption for different uses (CMD)

Purpose	*Consumption*	*Effluent Generation*	*Treatment*	*Disposal*
Domestic Pourpose	40	30	STP	Recycle,Local Bodies Sewer,On Land For Gardening
Processing whereby water gets Polluted & Pollutants are Biodegradable	0	0	NA	On Land For Gardening
Processing whereby Water gets Polluted,Pollutants are not Biodegradable & Toxic	0	0	NA	NA
Industrial Cooling,spraying in mine pits or boiler feed	0	0	NA	NA
Total	40.00	30.00		

d) Waste Waster Treatement

Have you installed STP or ETP

Yes

1. Sewage Treatment Plant: No

2. Effluent Treatment Plant: No

3. Combined Treatment Plant: Yes

Combine Treatment Plant

Capacity(CMD)

35

Preliminary: No ***Preliminary Treatement:***

Primary: No ***Primary Treatement:***

Secondary: No ***Secondary Treatement:***

Tertiary No ***Tertiary Treatement:***

Advance: No ***Advance Treatement:***

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)***
80.00	4.00	4.00

2) E-Waste (Kg/Annum) 1.00

3) Plastic Waste (Kg/Annum) 1.50

4) Hazardous Waste (Kg/Annum) 2.00

Air Pollution

Whether D.G. Set Installed

No

Capacity(KVA)	***Make***	***Fuel Used***	***Fuel QTY***	***Unit***	***Stack Height in meter***	***Accoustic Enclosure for noise control***

Do you have Boiler Installed

No

Boiler Details

Make	***Model***	***Combustion efficiency***	***Fuel Type***	***Qty***	***Shape (round/rectangular***

5. Additional Information

Do you have Bio Medical Waste Management Committee Constituted

Yes

Do you have Infection Control Committee Constituted

Yes