

Sakhar Kamgar Hospital Trust, Shrirampur

(RECOGNISED BY MAHARASHTRA NURSING COUNCIL, MUMBAI STATE GOVT. OF MAHARASHTRA & INDIAN NURSING COUNCIL, NEW DELHI) MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASIK

### SHRIRAMPUR, DIST:- AHMEDNAGAR, PIN:- 413709

- **(02422) 221104, 222634, 223109**
- Email: sevanursingcollege@gmail.com
- sakharkamgar@gmail.com

• Fax: (02422) 223890

 MUHS Code: 153121 • INC Code: 1903162

### Annexure – V

### Maharashtra University of Health Sciences, Nashik **Clinical Material in Hospital**

Faculty: Nursing

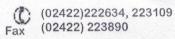
Name of College: Sakhar Kamgar Hospital Trusts Seva Nursing College,

Shrirampur,,Ahmednagar.

### **HOSPITAL DETAILS**

Sr.	Particulars to be verified	Bed capacity	Adequate
No.			/Inadequate
1	Memorandum of Understanding of Parent hospital –		Adequate
	Sakhar Kamgar Hospital Trusts Seva Nursing College,	SKH: 150	
	Shrirampur		
	Memorandum of Understanding of Affiliated hospital –	Saibaba Hospital:250	Adequate
	Shri Saibaba&Sainath Hospital, Shirdi.	Sainth Hospital:300	
	Memorandum of Understanding of Affiliated hospital –	Shanti Nursing	Adequate
	Psychiatric Hospital: Shanti Nursing Home	Home:80	
b	Whether Hospital is registered under any act under local	Yes	
	authority such as Corporation, Municipality, Gram-		
	Panchayat, etc.		
c	Student bed ratio UG to be verified (as per Minimum	1:3	
	Standard Requirement)		
d	Average Bed Occupancy in Percentage: (minimum	78 %	
	75%)		
	Clinical facilities for UG to be verified:(As per MSR):		
	i) Whether OPD is functioning to be verified	Yes	
	ii) Total No. of OPD (on the day of inspection)	600	
	iii)Average No. of patients attending OPD(current year)	4000	
	iv)Average No. of Delivery (current year)	400	
	v) Average No. of abnormal delivery (current year)	210 L.S.C	.S.
	As per Indian Nursing Council/MUHS norms, above infrastruc		ollege.
	If infrastructure is available, then mark "adequate" & do not at		
	In case of "inadequate", it must be mark as "inadequate" with	evidence.	

Estd. 29/10/1965 REG.No. E-120/Ahmednagar E mail:sakharkamgar@gmail.com



# SAKHAR KAMGAR HOSPITAL TRUST

SHRIRAMPUR, DIST-AHMEDNAGAR, PIN 413709

### **CERTIFICATE BY CMHO**

Certified that, SAKHAR KAMGAR HOSPITAL TRUST, SHRIRAMPUR, REG.NO.E-120/Ahmednagar, is the owner of the Hospital run by the Trust, Name of the Hospital- SAKHAR KAMGAR HOSPITAL, SHRIRAMPUR (also known as Gangadhar Ogale Hospital,)

Address: Market Yard Road, Ward No.6, Shrirampur,

Dist:

Ahmednagar, Pin: 413709

Phone Nos:

0242222634, 02422223109

Fax:

0242223890

E Mail-

sakharkamgar@gmail.com

No.of Beds:-

150 beds

Reg. No. under Bombay

NursingHome Act-

156



Chief Medical Officer
Gangadhar Ogale Hospital
Shrirampur, Dist. A'nagar

Dertificate of Registration 1002

It is hereby certified that the Public Trust described below has this

(Bom. XXIX of 1950), at the Public Trusts Registration day been duly registered under the Bombay Public Trusts Act, 1950

Name of Public Trust The Sakhar Kampan Hospital Trust affice, Pasna Region, Pasna.

Shrirampun Dist. Ahmednagar

Number in the Register of Public Trusts &- 120 Ahmednagae Certificate issued to Shi bangaolhas Tanardan



Given under my hand, this of April 1963
Signature

Designation Assistant Charles Commissions Fooms.

Sakhar Kamgar Hospital Trust, Shrirampur

SHRIRAMPUR, DIST:- AHMEDNAGAR, PIN:- 413709

Fax: (02422) 223890

REG.No.E-120/Ahmednagar • MUHS Code: 153121

Estd.29/10/1965

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• INC Code: 1903162

Classification Of Bed	PARENT HOSPITAL		AFFILIATED I	HOSPITALS		Total
	SAKHAR KAMGAR HOSPITAL	SHRI SAINATH HOSPITAL	SHRI SAIBABA HOSPITAL	SANTI NURSING HOME	UNDE HOSPITAL	
MEDICAL	25	54	77	4		156
SURGICAL	25	90	128		and the second	243
INTENSIVE CARE UNIT	11	08	29			48
GYNAECOLOGY	10	•	MA			10
PAEDIATRIC	10	24	-			34
ENT	-	20		***************************************		20
ORTHOPEDICS	15	50	-			65
OPTHALMIC		26	-			26
MATERNITY	52	32	MR		And the second s	84
PSYCHIATRIC	10	-	-100	80	25	115
COMMUNICABLE DISEASE	948	799	200			300
SKIN DISEASE	*	NA .	**	Grandon Control Contro		•
OTHERS	02	05	13			20



Seva Nursing College Sakhar Kamgar Hospital Trust's hrkrampur, Dist Ahmodnagar



REG.No. E-120/Ahmednager Estd. 29/10/1965

sakharkamgar@gmail.com E mail:-

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SHRIRAMPUR, DIST-AHMEDNAGAR, PIN 413709

(C) (02422)222634, 223109 Fax (02422) 223880

SAKHAR KAMGAR HOSPITAL

# SAKHAR KAMGAR HOSPITAL PATIENT CENSUS

JAN - 2021 To JAN 2022

	DEP
	PATIENT NO.
OPD	FMENT

OPD		1
DEPARTMENT	PATTENT NO.	
MEDICINE	10500	$\mathbf{Z}$
SURGICAL	2000	20
ORTHOPEDICS	1900	H
OBGY	2300	0
PEDIATRIC	2100	d
PSYCHIATRICS	250	0
GENERAL	11000	Σ
EMRGENCY	0009	<u>A</u>
		0
TOTAL	36050	
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	ILD	
DEPARTIMENT	BED	OCCUPANC
MEDICINE	30	12000
SURGICAL	30	2000
ICU	11	2100
OBGY	20	0019
PEDIATRIC	10	2700
ORTHOPEDICS	10	4000
MATERNITY	32	250
PSYCHIATRICS	5	1500
OTHERS	2	200
TOTAL	150	39150

TIGATION	NO.
LAB INVISTIGATION	DEPT.
L	7

**DELEVIERY PATIENT** 

NORMAL	ABNORMAL	DEPT.	NO.
124	107	LAB	19000
		X-RAY	3551
		ECG	5200
		TMT	15
		2 D ECHO	009
		TOTAL	28366

Medical Officer Gangadhar Ogale Hospital Shinrampur, Dist.Athagar

> Seva Nursing College A Karrelar Hospital

# श्री साईनाथ रुग्णालय, शिरडी माहे एप्रिल २०२१ ते जानेवारी २०२२ अखेरील रुग्ण संख्या

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जुलै२०२१	258618	७९५	८५६
ऑगस्ट२०२१	२०१०६	८९२	७८७
सप्टेबर२०२१	२२५१९	९१०	934
ऑक्टोबर२०२१	२०५६५	७७५	७८६
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एकुण	१७०७५५	६८०४	६५९३

वैद्यकिय अधिक्षिका श्री साईनाथ रूग्णालय, शिडी

Seva Nursing College Salchar Kerngar Hospital Trust's Shrirampur, Dist.Ahmodnagar

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Patient

Haematalogy+Serology

Bi Gas Bio Chemistry

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Total

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Harmone
Histopath Blocks
Histopath Slides
Cytology

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Seva Nursing College Seva Nursing College Sekthar Kamgar Hospital Trust's

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*	Dept	ICCU	GICU	CRU-1	Cardiac	CRU-2	CVTS		The State of the State of the	denning	Se dram condu		01011	250
1	Medicine	11	1	0	0	0	0	0	0	11	0 1	Delux	SICU	Today Total
2	Cardiac	0	2	15	30	0	0	0	0	1	1	1	0	Today Total 23 Pril Seva Nu Seva Nu seria Ramo hritanour 29
3	CVTS	0	0	5	0	7	18	0	0	0	0	0	S	char Kan
4	Neuro	0	5	0	0	0	0	6	11	0		0	5	hii.
5	G.Surg	0	1	0	0	0	0	0	1	-	0	ramonio accid	an marine	CONTROL MARKET STATE OF THE
3	Ortho	0	1	0	0	0	0	0	minimum de	0	0	0	0	2
,	Uro	0 / 3521	0 5000	\0	0	0	0	1	6	0	0	1	0	8
}	Dental	p.	0	20.	0	0	0	0	3	1	0	0	0	5
	Total	16	10	20	30	7	18	7	1 22	13	0	0	7	1

Arraganian		SHRIS	AIBABA	HOSPITA	AL SHI	201 40-	20 T 4	· Mark of the property of	Office Control of the Con-	* SOKONOW A. V.				
	Total OPD	Apr	20 May	HOSPITA	0.1.1	O Apr	ZUTOM	ar-21 ( A	MRD) c	11-12-02-	2022		- An earner of edges	
	Medicine	203	314	u Jun Z	o am-s	U Aug-2	20 Sep-2	20 Oct-2	0 Nov-	20 Dec-	20 Jan	-21 Feb	-21 Mai	-21 To
	Cardiac	434	market and	A - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	78.7	010	747	760	662	2 85	7 10			worth to distinct his
	CVTS	The second	Bright Charles in pa	953	983	Contraction of	1519	1369	152	9 188	4 20	or make property and	monda :	
	Neuro	44	132	321	256	230	396	355	527	Washington Contraction	S-1212 S-1212	anna aka a a a a	North State Commission	ANDERCOMMON
	Company Comments	421	649	759	641	665	889	925	803					100 300 grow April 100
	G Surg	0	100	147	109	136	147	108	144		- to the second	was out a second		and the state of the
	Ortho	114	The second second	456	417	368	555	581	528	1000	and the second			er skort skraue
OPD	Casualty	2563	3 3133	2965	2815	3094	3917	3354	3306	***********	entre de la composition della	water was to say	er e de desar e	an order comments
	Dental	46	113	159	161	192	180	204	- Contractions		C	Secretary of the second of	1 435	1 3922
	Urologist	0	0	0	0	0	0	Control State of Stat	196		484	391	1 307	273
	Nephrologist	4	4	9	7	6	regaritement magnetic	0	82	135	154	1 142	2 151	664
	Dietician	0	2	3	3	and the contract of the contra	13	16	21	28	26	30	36	200
	Plastic Surg	23	36	73	of marine	6	1	3	4	7	10	8	14	61
	Chest Phy	0	0		57	60	84	59	51	109	166	139	52	909
	Psychiatry	27	reference in	0	0	0	0	0	0	0	0	0	0	0
COCOCO TORRESON	Total OPD	an for an analysis	33	36	50	53	57	45	40	53	70	83	104	651
1	nvestigation	3883	Commission of Commission	6181	5923	6628	8505	7779	7893	9731	1115	and between mine	***	and amount and
	Control of the Contro	Apr-2	en franç Soranov, Savigo	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-2		min di mannana mi		and the second second	A
	MRI	338	453	566	600	755	779	807	878	1045	1067	*******	Market Same and Same Same	· · · · · · · · · · · · · · · · · · ·
Radiology	CT Scan	273	498	607	958	1576	1872	1623	1449	1859	1977		****	m down consissance
	X Ray	718	973	1104	1152	1059	1070	842	1016	1363			· · · · · · · · · · · · · · · · · · ·	***
	USG Sonography	0	6	0	0	0	0	0	0	0	1453			
Lab Repo	Total Lab Patient	1633	1844	2602	2403	2707	3122	2610	3148	and the second	0	0	0	6
	2 Decho	233	380	514	546	634	797	736	al terminance services	4648	5899	· marine see a	nicipa o ser unico	41788
Cath-Lal	b TMT	15	31	54	47	76	100	82	857	1200	1424	1286	A STATE OF THE STATE OF THE STATE	9671
	TEE	0	0	0	0	0	0	or or or consequences and	63	65	113	96	108	850
	Dialysis	212	170	207	216	173	etnomas commerces	0	0	12	5	1	1	19
Other	Diabetes Clinic	0	0	0	0	0	129	199	205	219	229	177	178	2314
	ECG	440	553	513	668	622	0	0	0	0	0	0	0	0
		mary a second or a gree		1_0.5_1	The first the same of the first terms	al Surge	704	666	780	1411	1481	1278	1133	10249
OT Name	Surgery Name	Apr-20	May-20	Jun-20			PETAL SERVICE STATE OF A PARTY.	~	errorena en la companya de la compa	generation and street	grown consumer whee	e-pine-man-	e magnitus Estatus anno de securios	
	CABG	0	1	4	0	3	Commerce of the contract of	and the second of the second of	Salar mangare, printer	Dec-20	Commission makes	Feb-21	Mar-21	Total
	ICR / VSD / ASD	1 0	0	0	0	0	0	1	4	25	34	38	45	155
21000	AVR/MVR/DVR	0	0	2	0	0	0	0	2	4	4	8	2	20
CVTS	PDA/TOF/AVE	0	0	0	0		0	0	5	20	55	53	34	169
	Other / Reopen	0	0	0	0	0	0	0	0	0	1	1	1	3
	Abandend	0	0	0	0	1	0	0	2	2	3	9	1	18
	Angiography	65	95	No. of the second second	a. 4 100 ce 10	0	0	0	0	0	0	7	0	7
	Angioplasty	30	45	145 72	137	172	197	205	163	254	278	276	189	2176
	BMV/BAV/BPV	0	0	we are exercised	86	86	120	122	87	147	127	110	97	1129
Cath-Lab	ASD/VSD/PDA	0	0	0	2	0	0	0	6	25	26	1	12	72
	PPI / IVC Filter	2	CHICATAN MONAGA	0	0	0	0	0	0	2	4	0	1	7
	Other / TPM	1	2	3	5	4	2	1	8	8	4	- 6	3	48
	Abandend	Contract to the contract of th	2	7	0	1	3	1	4	4	4	10	1	38
an canada a cara a cara	make the second control of the contr	0	0	0	6	2	4	3	4	3	4	5	2	33
Other	Ortho	3	29	25	20	11	18	19	27	31	36	44	38	301
	Neuro	32	42	35	24	13	9	16	16	32	55	54	57	385
	G. Surg	0	13	11	8	5	68	35	10	17	37	41	24	269
	Urology	0	0	0	0	0	0	0	9	9	18	16	12	64
ien OT	Plastic Surg	0	1	3	3	4	7	3	1	10	18	13	8	71
	Nephrologist	0	0	0	0	0	0	0	0	0	0	0	0	0
	Dental	4	3	4	1	4	1	6	4	12	14	13	5	71
To	tal Surgery	137	233	311	292	306	429	412	352	605	722	705	532	5036
	dmission Patient	Apr-20	May-20	Jun-20	lul-20 /	\ug-20 \S	Sep-20 0	Oct-20 N	lov-20	Contract Course	Jan-21	Feb-21	Salar year and	Total
	CONTRACTOR OF THE PROPERTY OF	145	147	149	144	179	180	172	184	179	165	185	223	2052
	Medicine			100000000000000000000000000000000000000	000	267	295	or Schrodinger Asia	257	393	392	331	268	3198
	Medicine Cardiac	95	170	232	220	201	600							
	The Prince of the Control of the Con	95 1	170	8	3	6		and the second second	simila manage	garinos - Labrados de	· signifure mary	and the same of	Samuel and	or more house, if
	Cardiac	Address of the property of	and the state of t	8	an interest of the form	Chemical States in Section	5	3	21	76	121	113	102	461
Total Ac	Cardiac CVTS Neuro	1 67	2 88	8 102	3 72	6 63	5 65	3 87	21 57	76 114	121 116	113 117	102 122	461 1070
Total Ac	Cardiac CVTS Neuro G Surg	1 67 2	2 88 10	8 102 14	3 72 4	6 63 13	5 65 42	3 87 6	21 57 15	76 114 36	121 116 40	113 117 42	102 122 28	461 1070 252
Total Ac	Cardiac CVTS Neuro G Surg Ortho	1 67 2 3	2 88 10 31	8 102 14 31	3 72 4 22	6 63 13 18	5 65 42 20	3 87 6 28	21 57 15 28	76 114 36 40	121 116 40 58	113 117 42 52	102 122 28 39	461 1070 252 370
	Cardiac CVTS Neuro G Surg	1 67 2	2 88 10	8 102 14	3 72 4	6 63 13	5 65 42	3 87 6	21 57 15	76 114 36	121 116 40	113 117 42	102 122 28	461 1070 252

Seva Nursing College Sakhar Kamgar Hospital Trust's Shriramour, Dist Ahmednagar

# Society for Psychiatric Update and Research

(Trust Reg. No. F. 7725 / AU Dt. 26-11-2002)

Shanti Nursing Home, Kanchanwadi, Palthan Road, Aurangabad - 431 005. 2: 0240 - 2379330, 2379331, 2379332, Fax: 0240 - 2379333.

E-mail: snh\_abad@rediffmail.com, shantinhome@sify.com

Date: 19/07/2022

### Sir/Madam,

As per your letter dated your requirement please find attached the necessary information.

- 1. No. of sanctioned beds
- 2. Occupancy of the year Average occupancy 70 per month
- 3. Registration certificate with renewal We have applied for renwal of the registration (copy of application
  - attached).
- 4. Pollution control certificate with renewal We have applied for combined consent online we do not have printed copy of
  - Bio medical waste management We have applied for combined
- 5. Bio medical waste management certificate with renewal
- 6. Bed Distribution -

consent online we do not have printed copy of the same

We do not have any system for bed distribution. Patients are admitted as per

the availability.

Thanking you.

Yours truly

Mrs. Sai Chapalgaonkar (Administrator)

# Society for Psychiatric Update and Research

(Trust Reg. No. F. 7725 / AU Dt. 26-11-2002)

Shanti Nursing Home, Kanchanwadi, Palthan Road, Aurangabad - 431 005. 全: 0240 - 2379330, 2379331, 2379332, Fax: 0240 - 2379333.

E-mail: snh\_abad@rediffmail.com, shantinhome@sify.com

Date: 19/07/2022

Staff Pattern:

a) Number of Doctors (other M.O.)	Psychiatrists M.O. Visiting Drs.	: <u>06</u> : <u>06</u> : <u>12</u>	Male: <u>04</u> Male: <u>03</u>	Female: <u>02</u> Female: <u>03</u>
·b) Number of Nurses	Psychiatric	: <u>00</u>		
	General	: 10	Male: <u>07</u> ,	Female: 03
c) Number of Attendees	Full Time	: 19	Male: 15	Female: 04
d) Others:				
Department		Male	Female	Total
1. Administration and Accounts:		01	03	04
2. Occupational Therapist		00	01	01
3. Clinical Psychologist		02	. 06	08
4. Behaviour Therapists		00	.03	03
5. Psychiatric Social Worker		00	01	01
6. ECG/EEG Technician		01	00	03
7. Lab Technician		02	00	02
8. Supervisor		01	00	01
9. Maintenance Supervisor		02	00	02
10. Sweepers	Harry Co	02	.07	09

Yours truly

Mrs. Sai Chapalgaonkar (Administrator)

# Society for Psychiatric Update and Research

(Trust Reg. No. F. 7725 / AU Dt. 26-11-2002)

Shanti Nursing Home, Kanchanwadi, Paithan Road, Aurangabad - 431 005. ☎: 0240 - 2379330, 2379331, 2379332, Fax: 0240 - 2379333.

E-mail snh\_abad@rediffmail.com, shantinhome@sity.com

Date: 19/07/2022

			20	022				
Month	NEW	OLD	TOTAL	IPD	EEG	ECG	OPD ECT	IPD ECT
January	.353	3093	3446	145	8	. 232	279 .	459
February	319	2624	2943	128	12	176	236	429
March	357	2577	2934	144	14 .	213	226	509
April	323	2295	2618	137	16	242	237	483
May	365	2820	3185	147	17	225	228	511
June	310	2738	3048	109	11	161	250	383
July	335	2554	2889	145	19	236	228	478
August	382	2805	3187	137	12	250	260	449
September	, 395	2683	3078	145	15	237	248	- 486
October	343	2788	3131	122	20 .	215	266	444
November	370	2895	3265	143	7	. 258	264	403
December	359	2806	3165	142	23	292	252	388
Total	4211	32678	36889	1644	174	2737	2974	5422

Yours truly

Mrs. Sai Chapalgaonkar (Administrator)



## Maharashtra Pollution Control Board

# महाराष्ट्र प्रदूषण नियंत्रण मंडळ

### **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 Hazardous and Other Wastes (Management and Transboundary Movement) Rules, 2016 in connection with my/our/existing/proposed/altered/ additional manufacturing/processing activity from the premises as per the details given below.

**Consent Information** 

**UAN No:** 

MPCB-CONSENT-0000130769

Application submitted on:

27-01-2022

**Industry Information** 

Consent To:

Renewal (Normal)

IIN No .:

Submit to:

SRO - Ahmednagar

Type of institution:

**Industry Type:** 

Category:

Scale:

Health Care Establishment

R30 Health-care Establishment ( as defined in BMW Rules)

Red

S.S.I

Location of industry/activity/etc:

EC Regd.

No

Whether construction-buildup area is more than 20,000 sq.mtr.(Existing Expansion Unit)

No

### **General Information**

1. Name, designation, office address with Telephone/Fax numbers, e-mail of the Applicant Occupier/Industry/Institution / Local Body.

Name

Dhyandevo Bhagwant Aher

Designation

Managing Trutee

Managing Trace

Area

**Email** 

Shrirampur

Telephone

9822419676

Address

Shrirampur

Taluka

Shrirampur

District

Ahmednagar

Fax

(02422) 223890

Pan Number

2. (a) Name and location of the industrial unit/premises for which the application is made (Give revenue Survey Number/Plot number name of Taluka and District, also telephone and fax number)

### Industry name

Sakhar Kamgar Hospital

Location of Unit

Ward No- 6, Newasa Road, Shrirampur

Taluka

Shrirampur

Survey number/Plot Number

Gat No- 31/1 to 12

District

Ahmednagar

(b) Details of the planning permission obtained from the local body/Town and Country Planning authority/Metropolitan Development authority/ designated Authority.

Planning permission

Nagar Parishad Shrirampur

Planning Authority

Chief Officer

Name of the local body under whose jurisdiction the unit is located and Name of the licence issuing authority

Name of Local Body

District Hospital Ahmednagar

Name of the licence issuing authority

Health officer

3. Names, addresses with Telephone and Fax Number of Managing Director / Managing Partner and officer responsible for matters connected with pollution control and/or Hazardous waste disposal.

Name of Managing Director

Aher Dnyandeo Bhagvant

Fax number

02422223890

4. (a.) Are you registered Industrial unit?

Registration number

Registration: (1) E-120/Ahmednagar -- Registered as Charitable

Trust, (2) Reg, No. 156--Registered un

Telephone number

02422222634

Officer responsible for day to day business

Aher Dnyandeo Bhagvant

Yes

Date of registration

Mar 31, 2008

5. Gross capital investment of the unit without depreciation till the date of application (Cost of building, land, plant and machinery). (To be supported by an affidavit/undertaking on Rs.20/- stamp paper, annual report or certificate from a Chartered Accountant for proposed unit(s), give estimated figure)

5

Gross capital (in Lakh) 358.67

\* Verified

CA Certificate

\* Terms

\* Consent Fee

75000.00

6. If the site is located near sea-shore/river bank/other water bodies/Highway, Indicate the crow fly distance and the name of the water body, if any.

<b>Distance From</b> SH/NH	Distance(Km) 0.50	* <b>Name</b> Newasa – Shevgaon
River	5.00	Pravara
Human Habitation	0.00	NA
Religious Place	0.00	NA
Historical Place	0.00	NA
Creek/Sea	0.00	NA

6b. Enter Latitude and Longitude details of site

Latitude

0.00

Longitude

0.00

7. Does the location Notification on Ecolo	satisfy the Requirements ogically Fragile Area, Indus	Under relevant Ce strial Location polic	ntral/State Govt. N y, etc. If so, give d	otification such as etails.	s Coastal	Regulation Zone.
Location	Approved Indus			If Yes, Name O	f Area	Industry Location with
NO	No	No		NO		Reference to CRZ
8. If the site is situa	ted in notified industrial e	state,				
				Details		
(a) Whether efflue treatment and dis been provided by	posal system has	No		0.0		
(b) Will the applic system, if provide		No		NA		
	l, details of proposed	NA				
9.						
(a) Total plot area	(in squear meter)	(b) Built up area	and (in squear ı	treated	l sewage,	le for the use of / trade effluent for
10500.0		840.30		9659.7	ing/irriga	ation. (in squear meter)
10. Month and year	of commissioning of the U	nit.				
1965-10-19						
11. Number of worke	ers and office staff					
Workers	staff		Hrs. of shift		Week	ly off
45	6		8		Sunda	У
12.						
(a) Do you have a colony Within the in respect of Whic present applicatio?	premises h the n is Made		NO			
(b) If yes, please s Number of person	tate population staying staying Water con 0.0		Sewage gen	eration	Whet!	her is STP provided?
(c) Indicate its loc Number of person NA	ation and distance with staying	reference to pla	nt site. Water consu 0.0	mption		
13. List of products a (Give figures corresp	and by-products Manufact conding to maximum insta	ured in tonnes/mon lled production cap	th, KI/month or nu acity	mbers/month with	their typ	es i.e.Dyes, drugs etc.
Products Name an	d Quantity					
Product UO Name	M Product Name	Existing	Consented	Proposed Revision	Total	Remarks
OTHERS No.	Hospital Activity	150	150	0	150	NO
Products Name an	d Quantity					
Product Name	ИОМ		Quantity		Remai	rks

14. List of raw materials and process chemicals with annual consumption corresponding to above stated production figures, in tonnes/month or kl/month or numbers/month.

Name of Raw Material	UOM	Quantity	Hazardous Waste	Hazardous Chemicals	Remarks
Human Petient	No.	150	No	No	NO

15. Description of process of manufacture for each of the products showing input, output, quality and quantity of solid, liquid and gaseous wastes, if any from each unit process.

Separate Sheet Attached

### Part B: Waste Water aspects

16. Water consumption for different uses (m3/day)

		, , , , , , , , , , , , , , , , , , , ,				
Purpose	Consumption	Effluent Generation	Treatment	Remarks	Disposal	Remarks
Domestic Pourpose	20.0	16.0	STP	Adequate	On Land for Gardening	NO
Water gets Polluted & Pollutants are Biodegradable	5.0	4.0	Primary	Adequate	Shared ETP	NO
Water gets Polluted,Pollutants are not Biodegradable & Toxic	0.0	0.0	NA	NO	NA	NO
Industrial Cooling,spraying in mine pits or boiler feed	0.0	0	NA	NO	NA	NO
Others	0.0					

17. Source of water supply, Name of authority granting permission if applicable and quantity permitted.

Source of water supply

Name of authority granting permission

Qauntity permitted

Nagar Parishad Shrirampur

NC

0.0

18. Quantity of waste water (effluent) generated (m3/day)

Domastic	Boiler Blowdown	Industrial	Cooling water blowdown
16.0	0.0	0.0	0.0
Process	DM Plants/Softening	Washing	Tail race discharge from
0.8	0.6	1.6	0.0

st 19. Water budget calculations accounting for difference between water consumption and effluent generated.

Separate Sheet attached

20. Present treatment of sewage/canteen effluent (Give sizes/capacities of treatment units).

### Capacity of STP (m3/day)

25.0

Treatment unit Size (mxm) Retentio

Retention time (hr)

Equalization Talik	15.0	16.0	
Aeration Tank	20.0	20.0	
Settling Tank	6.0	6.0	
Holding Tank	2.0	2.0	
Sand Filter	2.0	2.0	
Carbon Filter	2.0	2.0	
Storage Tank	2.0	2.0	
SDB X 2 Nos.	1.5	1.5	
21. Present treatment of trainlet/outlet characteristics	ade effluent (Give sizes/capacit	ies of treatment units) (A schematic diagram of the	e treatment scheme with
Capacity of ETP (m3/day		s to be provided. Include details of residue Manage	ement system (ETP sludges)
0.0			
Treatment unit	Size (mxm)	Retention time (hr)	
NO	0.0	0.0	
22,			
(i) Are sewage and trade	e effluents mixed together?		Yes
	ge-Whether before, intermi	ttently or after treatment	
			NO
23. Capacity of treated efflu	uent sump, Guard Pond if any.		
Capacity of treated efflu	ent sump (m3) 0.0		
Effluent sump/Guard por	nd details No	NO	
If yes, state at which sta before, intermittently or treatment.	ge-Whether No after	NO	
24. Mode of disposal of trea	ited effluent With respective qu	antity, m3/day	
(i) into stream/river (name river)	me of NO	(ii) into creek/estuary (name NO	
(iii) into sea	NO	of Creek/estuary) (iv) into drain/sewer (owner NO	
(v) On land for irrigation owned land/ase land. Sp cropped area.		of sewer) (vi) Connected to CETP NO	
(vii) Quantity of treated effluent reused/ recycled m3/day Provide a locatio			
map of disposal arrangement indicating a outler(s) for sampling. Treated effluent reused a recycled (m3/day)			
25. (a) Quality of untreated, industry. TDS to be reported	/treated effluents (Specify pH a d for disposal on land or into str	nd concentration of SS, BOD,COD and specific polliceam/river.	utants relevant to the
Untreated Effluent			
рН	NO		
66 ( 11)			

1.5

16.0

Grit Chamber

SS (mg/l)

NO

**Equalization Tank** 

1.5

15.0

TDS (mg/l) NO			
	me	Value	
any 1 NO		0.0	
Treated PCC		0.0	
Treated Effluent			
pH NO			
SS (mg/l) NO			
BOD (mg/l) NO			
COD (mg/l) NO			
TDS (mg/l) NO			
Specific pollutant if Na any	me	Value	
1 NO		0.0	
(b) Enclose a copy of the latest	report of analysis from the laborate	ry approved by State Board/ Comm	ittee/Central Board/Central
NO	Environment expected characteristic	cs of the untreated/treated effluent	
26. Fuel consumption			
Fuel Type	UOM	Fuel Consumption TPD/LKD	Calorific value
Diesel	Ltr/Hr	7.0	3600
<b>Ash content</b> 0.0	Sulphur content 0.0	<b>Quantity</b> 1	Other (specify) NO
27. (a) Details of stack (process	s & fuel stacks: D. G. )		
(a) Stack number(s)	(b) Stack attached to	(c) Capacity	(d) Fuel Type
1	D G Set	65	Diesel
(e) Fuel quantiy (Kg/hr.)	(f) Material of construction	(g) Shape (round/rectangular)	(h) Height, m (above ground level)
7	MS	Round	3.0
(i) Diameter/Size, in meters 0.05		(k) Gas temperature °C	(I) Exit gas velocity, m/sec.
(m) Control equipment	0.0	NO	0.0
preceding the stack	(n) Nature of pollutants likely to present in stack gases such as CI2, Nox, Sox TPM etc.	(o) Emissions control system provided	(p) In case of D.G. Set power generation capacity in KVA
Yes	NO	Acaustic Canopy	65
27. (B) Whether any release of house.	odoriferous compounds such as Mer	rcaptans, Phorate etc. Are coming o	ut from any storages or process
28. Do you have adequate facil	ity for collection of samples of emiss	sions in the form of port holes, platfo	orm, ladder\etc. As per Central
	gulations Part-III" ( December, 1985 tails Adequate	)	

BOD (mg/l)

COD (mg/l)

Platform

Ladder

No

No

Details

Details

NO

NO

NO

29. and	Quality of treate process emission	d flue gas emis	ssions and process emissions	. Quantity of treated flue gas emissions	
Sr. No	Stack attach	ed to	Parameter	Concentration mg/Nm3	flow (Nm3/hr)
1	D G Set		SPM, SOX, NOX	0.0	0.0
a co Cen	py of the latest	report of analys in the Ministry	sis from the laboratory appro	s-specific pollutants stack-wise. Enclose ved by State Board/Central Board/ or proposed unit furnish expected	
Par	t - D: Hazardoı	us Waste aspe	ect		
30. ame	Information abounded in Jan.,200	ut Hazardous W 10. Type/Catego	/aste Management as defined bry of Waste as per	d in Hazardous Waste (Management & F	Handling ) Rules, 1989 as
Was	ste (Annually)	Schedule I			
Cat NA	No		Туре	<b>Qty</b> 0	UOM NA
Max			<b>Method of collection</b> NA	Method of reception NA	Method of storage
Met NA	thod of transpo		<b>Method of treatment</b> NA	<b>Method of disposal</b> NA	
	<b>ste (Annually)</b> Details about us		waste		
was	ne of hazardou ste/Spent chem		Quantity used/month	Party from whom purchased	Party to whom sold
NA			0.0	NA	NA
32.					
a. D NA	etails about to	echnical capa	bility and equipments ava	ilable with the applicant to handle	the Hazardous Waste
of a	analysis from t	he laboratory	waste(s) Specify concent approved by State Board nish expected characteris	ration of relevant pollutants. Enclo /Central Board/Central Govt. in the stics	se a copy of the latest report ministry of Environment &
33. <i>Cop</i> NA	by of format of	manifest/rec	ord Keeping practiced by	the applicant.	
34. <b>Det</b>	tails of self-mo	nitoring (sou	rce and environment syste	em)	
35. <i>Are</i> NA	you using any	imported ha	zardous waste. If yes, give	e details.	

36.
Copy of actual user Registration/certificate obtained from State Pollution Control Board/Ministry of Environment & Forests, Government of India, for use of hazardous waste.
NA
37.
Present treatment of hazardous waste, if any (give type and capacity of treatment units)
NA NA
38. Quantity of hazardous waste disposal
(i) Within factory 0.0
(ii) Outside the factory (specify location and enclose copies of agreement.) 0.0
(iii) Through sale (enclosed documentary proof and copies of agreement.) 0.0
(iv) Outside state/Union Territory, if yes particulars of (1 & 3 ) above. 0.0
(v) Other (Specify)
0.0
Part - E: Additional information
39.
a. Do you have any proposals to upgrade the present system for treatment and disposal of effluent/emissions and/or hazardous waste.  NO
b. If yes, give the details with time- schedule for the implementation and approximate expenditure to be incurred on
NO TO THE REPORT OF THE PROPERTY OF THE PROPER
40.
Capital and recurring (O & M) expenditure on various aspect of environment protection such as effluent, emission, hazardous waste, solid waste, tree- plantation, monitoring, data acquisition etc. (give figures separately for items implemented/to be implemented).
2 ILakh/ Year for STP operation maintenance and Tree Plantation
A1

To which of the pollution control equipment, separate meters for recording consumption of electric energy are installed ?

Which of the pollution control items are connected to D.G. Set (captive power source) to ensure their running in the event of normal power failure

Acaustic Canopy

42.

43. Nature, quantity and me (Give details of area/capacit	thod of disposal y available in ap	of non- haza plicant's land	ardous solid waste generated d)	separately from the process of m	anufacture and waste treatment.
Type STP Sludge	<b>Quantity</b> 15	<b>UOM</b> Kg/M	<b>Treatment</b> Bio composting	<b>Disposal</b> Mannure for Garden	<b>Other Details</b> NO
			als and quantities handled	and Stored.  rt Hazardous Chemicals Ru	ıles ?
NA					
(ii) Is the unit an isola NA	ted storage a	s defined	under the MSIHC Rules	?	
(iii) Indicate status of NA	compliance of	of Rules 5,	7,10,11,12,13 and 18 o	f the MSIHC Rules.	
(iv) Has approval of si	te been obta	ined from	the concerned authorit	y?	
(v) Has the unit prepa	red an off-sit	te Emerge	ncy Plan? Is it updated	?	
(vi) Has information o	n imports of	Chemicals	been provided to the c	oncerned authority?	
(vii) Does the unit pos	ssess a policy	under the	e PLI Act?		
45. Brief details of tree p	olantation/gree	n belt deve	elopment within applicant's	premises ( in hectors )	
Open Space Availabili 5440.0 Square meter	ty		ntation Done On 20.0 Square meter(35 %)	Number of	Trees Planted
46. Information of schem separately. NO	es for waste	Minimizat	ion, resource recovery a	and recycling - implemente	ed and to be implemented,
47.					
(a) The applicant sha EMP, Risk Analysis et NO	II indicate wh c. shall be su	ether Indi bmitted, i	ustry comes under Publ if so, the relevant docui	ic Hearing, if so, the releva ments enclosed shall be in	ant documents such as EIA, dicated accordingly.
(b) Any other addition	nal informati	on that th	e applicants desires to	give	
(c) Whether Environm	nental Staten	nent subm	nitted ? If submitted, giv	ve date of submission.	
48.					
I/We further declare	that the info	rmation fu	rnished above is correc	t to the best of my/our kno	owledge.
products, process of treatment and/or dis Consent/Authorization	manufacture posal of efflu on shall be ma	and ent, emiss ade and		in this application in respond etc. In quality and quantit made.	
50.					
I/We undertake to fu	rnish any oth	er inform	ation within one month	of its being called by the l	Board

Yours faithfully Signature: Name: Aher D B Designation: MD **Additional Information** Air Pollution Air Pollution Source Sr No. **Pollutants APCS Provided** Remark D G Set 1 SPM, NOX,SOX Yes Adequate Other Emission Sources Separate EM Provided No NO Measures Proposed Foul Smell Coming Out NO No Air Sampling Facility Details Adequate D.G. Set Details Description Capacity(KVA) Remarks Cumines 65 NO **Hazardous Waste Generation** Hazardous Waste Quantity **UOM** Treatment Disposal Other Details **CHWTSDF Details** Member of CHWTSDF **CHWTSDF** Name Remarks **Cess Details** Cess Applicable Cess Paid If Yes, UpTo No No Jan 1 1900 12:00:00:000AM **Legal Actions** Legal Legal Record Of Company Legal Action Details Remarks Action Taken No