

Maharashtra University of Health Sciences, Nashik

Following documents need to available on web site

Trust Deed / Bylaws/ Registration Certificate (Trust / Hospital (Bombay Nursing Act))Faculty:- NursingName of College/Institute:- PCMC, Institute of Nursing Sciences, YCMH, Pimpri

Name of Trust / Society	Pimpri Chinchwad Municipal Corporation
Registration Certificate To be uploaded on web site clear and original copy	Trust / Society :-
	Trust Deed / Bylaws:-
	Hospital Ownership Documents:-
	Hospital (Bombay Nursing Act) :- Yes
	MPCB Certificate of Parent Hospital :- Yes
Hospital Type as Per Bombay Nursing Act :- General Hospital	
Hospital (Bombay Nursing Act) issuing Authority :- Dr. Laxman P. Gophane (Medical officer of Health)	
Hospital Bed as per Certificate:- 750	
Name of the College / Institute (As per First Affiliation letter)	: PCMC, Institute of Nursing Sciences, Yashwantro Chavan Memorial Hospital
Address	: Sant Tukaram Nagr Pimpri Pune -18
Email ID	: insycmh@pcmcindia.gov.in
Telephone / Mobile No.(s)	: 020-67332222 / 202-61332200
Website	: www.ycmhpgi.org
College Code	: 09466

Here by I declare all relevant document uploaded are clear and visible on web site & are true as per my best knowledge

Any Other, Please Specify:-



(Signature)
प्रान्तार्थ

परिवर्या विज्ञान संस्था, य.व.स्मृती रुग्णालय
पिंपरी चिंचवड न्हानगरपालिका, पिंपरी-१८



PIMPRI CHINCHWAD MUNICIPAL CORPORATION
PIMPRI, PUNE 411 018.

FORM 'C'
(See Rule 5)
Renew

**Certificate of Registration under section 5 of the Bombay Nursing
Homes Registration Act, 1949.**

Application Id - 2025589
Registration No. - 161
MMC No. - 75356/202303351

Application Date - 08/04/2025
Registration Date - 09/06/2025

Registration From Date - 01/04/2025

Registration End Date - 31/03/2028

This is to certify that **Shri/ Smt:- RAJENDRA NAMDEO WABALE**
has been registered under the Bombay Nursing Homes Registration Act, 1949,
in respect of

Qualification - MS ANATOMY

Hospital Name - Yashwantrao Chavan Memorial Hospital

Hospital Address - Sant tukaram Nagar Pimpri-411018

No of Beds - 750

Hospital Type - Hospital

Hospital Category - Government

Hospital Sub Type - General

Sub Category - Sem-Government

Registration Fee - Rs. 0

Hospital Zone - YCMH

Amt in Rs -

Receipt Date - 09/06/2025

**LAXMAN
PANDURANG
GOPHANE**

Digitally signed by
LAXMAN PANDURANG
GOPHANE
Date: 2025.06.10
16:47:36 +05'30'

(Dr.Laxman P. Gophane)
Medical Officer of Health
Pimpri Chinchwad Municipal Corporation
Pimpri 411 018.



(Signature)

प्रमाण्य
परिचर्या विज्ञान संस्था, य.व.स्मृती रुग्णालय
पिंपरी चिंचवड नगानगरपालिका, पिंपरी-४११०१८



Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Application for Consent/ Authorisation

Sir,
I/We hereby apply for*

- Consent to Establish/Operate/Renewal of consent under section 25 and 26 of the Water (Prevention & Control of Pollution) Act, 1974 as amended.
- Consent to Establish/Operate/Renewal of consent under Section 21 of the Air (Prevention and Control of Pollution) Act, 1981, as amended.
- 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-0000259734 **Application submitted on:** 04-09-2025

Industry Information

Industry Type: R30 Health-care Establishment (as defined in BMW Rules) **Category:** Red **Scale:** L.S.I

Consent To: Operate (Plain Renewal) **Submit to:** SRO - Pimpri Chinchwad

Consent to Establish Details

Consent to Establish No. **Consent to Establish date** **Consent to Establish Valid Upto**
01-01-1970 01-01-1970

Previous Consent No. **Previous Consent date** **Previous Consent Valid Upto**
Format1.0/CAC/UAN No.0000135413/CO/2303000480 06-03-2023 31-12-2024

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

First Name	Father / Husband Name	Last Name	Designation
Dr. RAJENDRA	NAMDEO	WABALE	DEAN
Mobile No	Telephone/Fax	Email	Aadhar No
9323618311	67333333	deanpgiycmh@pcmcindia.gov.in	300832408869
PAN No	Address	Pin Code	
AACPW5182F	SANT TUKARAM NAGAR, PIMPRI, PUNE	411018	

2. Health Care Facility (HCF) Information

a) Name of the Health Care Facility

YASHWANTRAO CHAVAN MEMORIAL HOSPITAL

b) Address for Correspondance

Pin Code 411018	District Pune	City/Town Haveli
Survey/Gut No. SANT	Name of premises /Building TUKARAM	Road/Street NAGAR, PIMPRI
Area/Locality Pimpri P F	Email deanpgiycmh@pcmcindia.gov.in	Website URL www.pcmcindia.gov.in

c) Onwership of Facility

Urban Local Bodies (Corporation/Council)

Name of the Local Body PIMPRI CHINCHWAD MUNICIPAL CORPORATION

Land Ownership

Self Owned

d) Month and year of commissioning of the HCF

01/04/1989

e) Area of the Facility / Hospital

i) Total plot area (in square meter) 45167.56	ii) Built up area (in square meter) 39230.66	iii) Open Plot Area (Sq.Mtr) 1464.51
---	--	--

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

Latitude (In degrees) 18.621655	Longitude (In degrees) 73.821020
---	--

g) Does HCF have Operation Theatre

No

Number of OT 10

h) Does HCF have Laundry facility in premises

Yes

No of Washing Machines 4	Capacity (Kg/Cycle) 50.00
------------------------------------	-------------------------------------

i) Does HCF have Canteen/Cafeteria facility in premises

Yes

Area (Sq.Ft.) 288.00	Water Consumption/day (CMD) 5.00	No of Cafeteria 1
--------------------------------	--	-----------------------------

j) Does HCF have Hostel/Residential quarters in premises

Yes

Nos 1	Area (Sq.Ft.) 2007.00	Total No. of Rooms / Quarters 72
-----------------	---------------------------------	--

Total No. of Persons / Residential 150	Total Water Consumption (CMD) 12.00
--	---

3. BMW Authorization Details

a) Type of health treatment system

Medicine,Dental,Physiotherapy

b) Bombay Nursing Home Registration Details

Total number of Beds	BNH Registration Number	Valid Upto	First Issued Date
-----------------------------	--------------------------------	-------------------	--------------------------

Certificate issuing Authority

Medical Officer or Health Officer of Municipal Corporation

c) Diagnostic and Pharma Facilities available in Premises

Pathology Lab	Yes	Average Samples/day	200
Blood Bank	Yes	Number of Bags used/Month	500

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	700.00
		b) Animal Anatomical Waste	0
		c) Soiled Waste	2600.00
		d) Expired or Discarded Medicines	10.00
		e) Chemical Waste	0
		f) Chemical Liquid Waste	0
		g) Discarded linen, mattresses, beddings contaminated with blood or body fluid.	190.00
		h) Microbiology Biotechnology and other clinical laboratory waste	500.00
2	Red	Contaminated waste (Recyclable)	4000.00
3	White (Translucent)	Waste sharps including Metals	200.00
4	Blue	a. Glassware	1150.00
		b. Metallic body implants	50.00

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

Yes

Common Facility Membership Details (CTF)

CTF Name	Membership Number	Issued Date
M/s. Passco Environmental Solution, PCMC	P1NH000139	31-03-2028

4.Consent Details

a) Sources of Water

i) **Surface Water** Yes

Name of the water supply **Water Consumption Quantity (CMD)**
PCMC 600

ii) **Ground Water** Noiii) **Tanker Water** No

b) Water Consumption Details

Raw Water (CMD)	Recycle Water (CMD)	Total Water Quantity Requirement (CMD)
560	40	600.00

c) Water consumption for different uses (CMD)

Purpose	Consumption	Effluent Generation	Disposal
Domestic Purpose	300	200	Recycle, On Land For Gardening
Pathology Laboratory, Floor washing, Operation Theater	100	50	Recycle, Local Bodies Sewer
Laundry	200	150	Local Bodies Sewer
Industrial Cooling, spraying in mine pits or boiler feed	0	0	Recycle
Total	600.00	400.00	

d) Waste Water Treatment

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)

650

- Preliminary:** Yes **Preliminary Treatment:** Bar Screens, Oil & Grease Removal
- Primary:** Yes **Primary Treatment:** Neutralization Tank, Flash Mixer, Primary Clarifier / Settling
- Secondary:** Yes **Secondary Treatment:** Anaerobic Treatment System, Activated Sludge Process (ASP), Moving Bed Bio Reactor (MBBR), Secondary Clarifier
- Tertiary:** Yes **Tertiary Treatment:** Sand & Carbon Filter, Chlorination, Ozone Treatment, UV Treatment
- Advance:** No **Advance Treatment:**

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)
100.00	10.00	28.00

Air Pollution

Whether D.G. Set Installed

Yes

Capacity(KVA)	Make	Fuel Used	Fuel QTY	Unit	Stack Height in meter	Acoustic Enclosure for noise control
1010	KIRLOSKAR	Diesel	100.00	Ltr/H	35.00	NO

Do you have Boiler Installed

No

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	Platform	Ladder
No	No	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

5. Additional Information

Do you have Bio Medical Waste Management Committee Constituted

Yes

Average Cost (O & M) for ETP/STP

2845800

Average Cost of APCD Rs/Year

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

Open Space Availability

5936

Plantation Done On

3716

Number of Trees Planted

225

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

Yes

6. Financial Details

Is there any Bank Gurantee impose on you during previous Consent/Authorization period.

Yes

Bank Gurantee Number	Date	Valid Up To	Amount	Bank Name	Branch
3106IGP006185724	03-08-2024	30-04-2025	325000.00	BANK OF BARODA	PCMC

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