



# 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/alterd/ additional manufacturing/processing activity from the premises as per the details given below.

### Consent Information

**UAN No:**  
MPCB-CONSENT-0000139976

**Application submitted on:**  
28-05-2022

### Industry Information

**Consent To:**  
Operate

**IIN No.:**

**Submit to:**  
SRO - Latur

**Type of institution:**  
Health Care Establishment

**Industry Type:**  
R30 Health-care Establishment ( as defined in BMW Rules)

**Category:**  
Red

**Scale:**  
S.S.I

**Location of Industry/activity/etc:**  
Local Body

**Name of Local Body:**  
Udgir

**EC Reqd.**  
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**  
Principal Dr. Dattatray vinayakrao patil

**Address**  
Degloor Road udgir ,Ta Udgir, Dist.latur

**Designation**  
Owner

**Taluka**  
Udgir

**Area**  
Degloor Road udgir ,Ta Udgir, Dist.latur

**District**  
Latur

**Telephone**  
9422819195

**Fax**  
N/A

  
**Principal**  
Dhenwantari Ayurved Medical  
College Udgir Dist.Latur-413517



**Email**  
damrudg@gmail.com

**Pan Number**  
AAATB9372L

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**

Dhanwantari Ayurved Medical College & Hospital

**Location of Unit**

Degloor Road udgir ,Ta Udgir, Dist.latur

**Survey number/Plot Number**

00

**Taluka**

Udgir

**District**

Latur

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

**Planning permission**

MC, Udgir, Civil Surgeon, Latur, MPCB

**Planning Authority**

MC, Udgir, Civil Surgeon, Latur, MPCB

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

**Name of Local Body**

Civil Surgeon, MPCB

**Name of the licence issuing authority**

MPCB and Civil Surgeon, Latur

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**

Principal Dr. Dattatray vinayakrao pati

**Telephone number**

9422819195

**Fax number**

0000

**Officer responsible for day to day business**

Dattatray vinayakrao patil

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

No

**Registration number**

289

**Date of registration**

Jul 28, 2010

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)

**Gross capital (in Lakh)**

450.00

**\* Verified**

CA Certificate

**\* Terms**

5

**\* 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>	<b>Distance(Km)</b>	<b>* Name</b>
SH/NH	0.00	--NA--
River	0.00	--NA--
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**

00

**Longitude**

00

  
**Principal**  
Dhanwantari Ayurved Medical  
Latur Dist. Latur-413517



7. Does the location satisfy the Requirements Under relevant Central/State Govt. Notification such as Coastal Regulation Zone. Notification on Ecologically Fragile Area, Industrial Location policy, etc. If so, give details.

Location	Approved Industry Area	Sensitive Area	If Yes, Name Of Area	Industry Location with Reference to CRZ
Degloor Road, Udgir	No	No		A2

8. If the site is situated in notified industrial estate,

		Details
(a) Whether effluent collection, treatment and disposal system has been provided by the authority.	No	NA
(b) Will the applicant utilize the system, if provided.	No	NA
(c) If not provided, details of proposed arrangement.	NA	

9.

(a) Total plot area (in square meter)	(b) Built up area and (in square meter)	(c) Area available for the use of treated sewage/ trade effluent for gardening/irrigation. (in square meter)
21700	5785.3510	3000

10. Month and year of commissioning of the Unit.

2010-06-25

11. Number of workers and office staff

Workers	staff	Hrs. of shift	Weekly off
40	70	24	Sunday

12.

(a) Do you have a residential colony Within the premises in respect of Which the present application is Made ?

(b) If yes, please state population staying

Number of person staying	Water consumption	Sewage generation	Whether is STP provided?
			No

(c) Indicate its location and distance with reference to plant site.

Number of person staying	Water consumption

13. List of products and by-products Manufactured in tonnes/month, Kl/month or numbers/month with their types i.e. Dyes, drugs etc. (Give figures corresponding to maximum installed production capacity)

Products Name and Quantity

Product Name	UOM	Product Name	Existing	Consented	Proposed Revision	Total	Remarks
OTHERS	No.	Ayurvedic Hospital and College Activity 100 Beds Capacity	000	100	000	100	With 100 Beds Capacity

Products Name and Quantity

*[Signature]*  
Principal

Dhanwantari Ayurved Medical



Product Name	UOM	Quantity	Remarks
NA	--NA--	00	NA

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
Ayurvedic Hospital activity	No.	100	No	No	100 No. of Beds

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.

Hospital activity

### Part B : Waste Water aspects

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

Purpose	Consumption	Effluent Generation	Treatment	Remarks	Disposal	Remarks
Domestic Purpose	10.00	8.0	Septic Tank & Soak Pit		On Land for Gardening	
Water gets Polluted & Pollutants are Biodegradable	00	00	--NA--		--NA--	
Water gets Polluted, Pollutants are not Biodegradable & Toxic	00	00	--NA--		--NA--	
Industrial Cooling, spraying in mine pits or boiler feed	10.00	7.0	OTHERS		On Land for Gardening	Washing Purpose
Others	000					

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

Source of water supply	Name of Local Body	Name of authority granting permission	Quantity permitted
Local Body	Municipal Corporation, Udgir	MC, Udgir	25.00

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

Domestic	Boiler Blowdown	Industrial	Cooling water blowdown
8.0	00	00	00
Process	DM Plants/Softening	Washing	Tail race discharge from
00	00	7.0	00

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

00

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

Capacity of STP (m3/day)

*[Signature]*  
Principal

Ghanwantari Ayurved Medical College, Udgir, Dist. Latur-41357



00

Treatment unit	Size (mxm)	Retention time (hr)
00	00	00

21. Present treatment of trade effluent (Give sizes/capacities of treatment units) (A schematic diagram of the treatment scheme with inlet/outlet characteristics of each unit operation/process is to be provided. Include details of residue Management system (ETP sludges)

**Capacity of ETP (m3/day)**

00

Treatment unit	Size (mxm)	Retention time (hr)
00	00	00

22.

(i) Are sewage and trade effluents mixed together? No

If yes, state at which stage-Whether before, intermittently or after treatment. 00

23. Capacity of treated effluent sump, Guard Pond if any.

Capacity of treated effluent sump (m3)	00	
Effluent sump/Guard pond details	No	00
If yes, state at which stage-Whether before, intermittently or after treatment.	No	00

24. Mode of disposal of treated effluent With respective quantity, m3/day

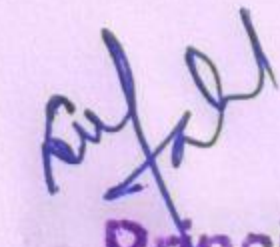
(i) into stream/river (name of river)	00	(ii) into creek/estuary (name of Creek/estuary)	00
(iii) into sea	00	(iv) into drain/sewer (owner of sewer)	00
(v) On land for irrigation on owned land/ase land. Specify cropped area.	00	(vi) Connected to CETP	00
(vii) Quantity of treated effluent reused/ recycled, m3/day Provide a location of disposal arrangement indicating the outler(s) for sampling. Treated effluent reused / recycled (m3/day)	00		

25. (a) Quality of untreated/treated effluents (Specify pH and concentration of SS, BOD,COD and specific pollutants relevant to the industry. TDS to be reported for disposal on land or into stream/river.

**Untreated Effluent**

pH	00	
SS (mg/l)	00	
BOD (mg/l)	00	
COD (mg/l)	00	
TDS (mg/l)	00	
Specific pollutant if any	Name	Value
1	00	00

**Treated Effluent**

  
**Principal**  
 Dhanwantari Ayurved Medical  
 College Udgir Dist.Latur-413517



pH 00  
 SS (mg/l) 00  
 BOD (mg/l) 00  
 COD (mg/l) 00  
 TDS (mg/l) 00

Specific pollutant if any	Name	Value
1	00	00

(b) Enclose a copy of the latest report of analysis from the laboratory approved by State Board/ Committee/Central Board/Central Government in the Ministry of Environment expected characteristics of the untreated/treated effluent

NA

26. Fuel consumption

Fuel Type	UOM	Fuel Consumption TPD/LKD	Calorific value
Diesel	Ltr/Hr	10	00
Sulphur content	Sulphur content	Quantity	Other (specify)
00	00	1	00

27. (a) Details of stack (process & fuel stacks: D. G. )

(a) Stack number(s)	(b) Stack attached to	(c) Capacity	(d) Fuel Type
1	DG Set	300	Diesel
(e) Fuel quantity (Kg/hr.)	(f) Material of construction	(g) Shape (round/rectangular)	(h) Height, m (above ground level)
10	MS	Round	5 Mtr Above roof level
(i) Diameter/Size, in meters	(j) Gas quantity, Nm3/hr.	(k) Gas temperature °C	(l) Exit gas velocity, m/sec.
1.0	00	00	00
(m) Control equipment preceding the stack	(n) Nature of pollutants likely to present in stack gases such as Cl2, Nox, Sox TPM etc.	(o) Emissions control system provided	(p) In case of D.G. Set power generation capacity in KVA
Provided	TpM, So2	Provided	00

27. (B) Whether any release of odoriferous compounds such as Mercaptans, Phorate etc. Are coming out from any storages or process house.

NA

28. 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 )

Part hole	Yes	Details	Provided
Platform	Yes	Details	Provided
Ladder	Yes	Details	Provided

29. Quality of treated flue gas emissions and process emissions. Quantity of treated flue gas emissions and process emissions.

Sr. No.	Stack attached to	Parameter	Concentration mg/Nm3	flow (Nm3/hr)
1	DG Set	TPM, So2	150	00

*[Signature]*  
 Principal



(Specify concentration of criteria pollutants and industry/process-specific pollutants stack-wise. Enclose a copy of the latest report of analysis from the laboratory approved by State Board/Central Board/Central Government in the Ministry of Environment & Forests. For proposed unit furnish expected characteristics of the emissions..

NA

**Part - D: Hazardous Waste aspect**

30. Information about Hazardous Waste Management as defined in Hazardous Waste (Management & Handling ) Rules, 1989 as amended in Jan.,2000. Type/Category of Waste as per

**Waste (Annually) Schedule I**

<b>Cat No</b>	<b>Type</b>	<b>Qty</b>	<b>UOM</b>
NA		0	--NA--
<b>Max</b>	<b>Method of collection</b>	<b>Method of reception</b>	<b>Method of storage</b>
	NA	NA	NA
<b>Method of transport</b>	<b>Method of treatment</b>	<b>Method of disposal</b>	
NA	NA	NA	

**Waste (Annually) Schedule II**

31. Details about use of hazardous waste

<b>Name of hazardous waste/Spent chemical</b>	<b>Quantity used/month</b>	<b>Party from whom purchased</b>	<b>Party to whom sold</b>
NA	00	00	00

32.

**a. Details about technical capability and equipments available with the applicant to handle the Hazardous Waste**

00

**b. Characteristics of hazardous waste(s) Specify concentration of relevant pollutants. Enclose a copy of the latest report of analysis from the laboratory approved by State Board/Central Board/Central Govt. in the ministry of Environment & Forests. For proposed units furnish expected characteristics**

00

33.

**Copy of format of manifest/record Keeping practiced by the applicant.**

00

34.

**Details of self-monitoring (source and environment system)**

00

35.

**Are you using any imported hazardous waste. If yes, give details.**

00

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.**

00

*[Signature]*  
**Principal**

**Dhanwantari Ayurved Medical  
College Udgir Dist.Latur-413517**



37.

**Present treatment of hazardous waste, if any (give type and capacity of treatment units)**

00

38. Quantity of hazardous waste disposal

**(i) Within factory**

0

**(ii) Outside the factory (specify location and enclose copies of agreement.)**

000

**(iii) Through sale (enclosed documentary proof and copies of agreement.)**

00

**(iv) Outside state/Union Territory, if yes particulars of (1 & 3 ) above.**

00

**(v) Other (Specify)**

00

**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.**

00

**b. If yes, give the details with time- schedule for the implementation and approximate expenditure to be incurred on it.**

00

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).**

00

41.

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

00

42.

**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**

00

43. Nature, quantity and method of disposal of non- hazardous solid waste generated separately from the process of manufacture and waste treatment. (Give details of area/capacity available in applicant's land)

Type	Quantity	UOM	Treatment	Disposal	Other Details
Solid Waste	100	Kg/M	NA	TO MC, Udgir	NA

44. Hazardous Chemicals - Give details of Chemicals and quantities handled and Stored.

**(i) Is the unit a Major Accident Hazard unit as per Mfg.Storage Import Hazardous Chemicals Rules**

*[Signature]*  
**Principal**

**Shenwantari Ayurved Me  
College Udgir Dist.Latur-41**



NA

(ii) Is the unit an isolated storage as defined under the MSIHC Rules ?

00

(iii) Indicate status of compliance of Rules 5,7,10,11,12,13 and 18 of the MSIHC Rules.

00

(iv) Has approval of site been obtained from the concerned authority?

00

(v) Has the unit prepared an off-site Emergency Plan? Is it updated ?

00

(vi) Has information on imports of Chemicals been provided to the concerned authority?

00

(vii) Does the unit possess a policy under the PLI Act?

00

45. Brief details of tree plantation/green belt development within applicant's premises ( in hectars )

**Open Space Availability**

2500 Square meter

**Plantation Done On**

2100 Square meter(70 %)

**Number of Trees Planted**

200

46.

**Information of schemes for waste Minimization, resource recovery and recycling - implemented and to be implemented, separately.**

NA

47.

**(a) The applicant shall indicate whether Industry comes under Public Hearing, if so, the relevant documents such as EIA, EMP, Risk Analysis etc. shall be submitted, if so, the relevant documents enclosed shall be indicated accordingly.**

NA

**(b) Any other additional information that the applicants desires to give**

NA

**(c) Whether Environmental Statement submitted ? If submitted, give date of submission.**

NA

48.

**I/We further declare that the information furnished above is correct to the best of my/our knowledge.**

49.

**I/We hereby submit that in case of any change from what is stated in this application in respect of raw materials, products, process of manufacture and treatment and/or disposal of effluent, emission, hazardous wastes etc. In quality and quantity; a fresh application for Consent/Authorization shall be made and until the grant of fresh Consent/Authorization no change shall be made.**

50.

**I/We undertake to furnish any other information within one month of its being called by the Board**

**Signature : -Sd/-**

**Name : Principal Dr. Dattatray vinayakrao pati**

**Designation : Principal**

**Yours faithfully**

**Principal**

**Dhenwantari Ayurved Medical  
College Udgir Dist.Latur-412517**



**Additional Information****Air Pollution**

<b>Sr No.</b>	<b>Air Pollution Source</b>	<b>Pollutants</b>	<b>APCS Provided</b>	<b>Remark</b>
1	DG Set 20 KVA	TPM, So2, NOX	Acoustic Enclosure Provided	NA

**Separate EM Provided** No **Other Emission Sources** NA

**Measures Proposed** Provided **Foul Smell Coming Out** No

**Air Sampling Facility Details** NA

**D.G. Set Details**

<b>Description</b>	<b>Capacity(KVA)</b>	<b>Remarks</b>
20 KVA DG Set	20	NA

**Hazardous Waste Generation**

<b>Hazardous Waste</b>	<b>Quantity</b>	<b>UOM</b>	<b>Treatment</b>	<b>Disposal</b>	<b>Other Details</b>
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**CHWTSDF Details**

<b>Member of CHWTSDF</b>	<b>CHWTSDF Name</b>	<b>Remarks</b>
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**Cess Details**

<b>Cess Applicable</b>	<b>Cess Paid</b>	<b>If Yes, UpTo</b>
No	No	Jan 1 1900 12:00:00:000AM

**Legal Actions**

<b>Legal Action Taken</b>	<b>Legal Record Of Company</b>	<b>Legal Action Details</b>	<b>Remarks</b>
No			

*[Signature]*  
Principal





Reference No.	CTS1058468
Debit Account Number	00000062018158944
Debit Branch	UDGIR
Remarks	MPCB Annual Fees
Transaction Date	26-Apr-2022
Amount	INR 45,000.00
Status	Success
Reason	Completed Successfully

  
**Principal**  
Dhanwantari Ayurved Medical  
College Udgir Dist. Latur-418517





Reference No.	CTN4261083
Debit Account Number	00000062018158944
Debit Branch	UDGIR
Remarks	MPCB Bio Medical Waste Fe
Transaction Date	12-Apr-2021
Amount	INR 45,000.00
Status	Success
Reason	Completed Successfully

**Principal**

**Dhanwantari Ayurved Medical  
College Udgir Dist.Latur-418517**

MAHARASHTRA POLLUTION  
CONTROL BOARD





## NEFT Funds Transfer

Reference Number CNAACOVCK9

Debit account number 00000062018158944

Debit Branch UDGIR

Remark MPCB

Transaction Date 05-Apr-2017

Credit to Beneficiary INR 45,000.00

Transaction Type NEFT

Debit Status Success

Reason

Credit Status InProcess

UTR Number SBHY317095271520

## Credit Account Details

Account No.	Bank	Branch	Price (in INR)
00000033874078751	MAHARASHTRA POLLUTION CONTROL BOARD	MATUNGA MUMBAI	45,000.00

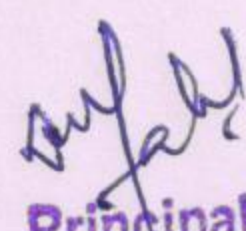
*[Signature]*  
**Principal**  
 Dhanwantari Ayurved Medical  
 College Udgir Dist. Latur-418617





Mahasashtra pollution Control Board

Reference No.	CT00DMSMI6
Debit Account Number	00000062018158944
Debit Branch	UDGIR
Remarks	MPCB Annual Fees
Transaction Date	27-Apr-2024
Amount	INR 45,000.00
Status	Success
Reason	Completed Successfully

  
Principal  
Dhanwantari Ayurved Medical  
College Udgir Dist.Latur - 413517