



# 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 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-0000278242

**Application submitted on:**  
18-02-2026

### Industry Information

**Industry Type:** O88 Health-care Establishment  
(as defined in BMW Rules)

**Category:** Orange

**Scale:** S.S.I

**Consent To:** Establish (New)

**Submit to:** SRO - Jalgaon

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

<b>First Name</b>	<b>Father / Husband Name</b>	<b>Last Name</b>	<b>Designation</b>
Mr. Manoj	Prakashchand	Jain	Secretary
<b>Mobile No</b>	<b>Telephone/Fax</b>	<b>Email</b>	<b>Aadhar No</b>
9764981072	00	pralhadjamner@gmail.com	215169316175
<b>PAN No</b>	<b>Address</b>	<b>Pin Code</b>	
AAAPO7998P	M/S. Shri Prakashchand Jain Multispeciality Hospital, At Gat No. 86/1/2, Palaskhede Bk ,Tal-Jammer, Dist-jalgaon. 424206.	424206	

## 2. Health Care Facility (HCF) Information

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### a) Name of the Health Care Facility

M/S. Shri Prakashchand Jain Multispeciality Hospital,

### b) Address for Corrspondance

<b>Pin Code</b>	<b>District</b>	<b>City/Town</b>
424206	jalgaon	Jamner
<b>Survey/Gut No.</b>	<b>Name of premises /Building</b>	<b>Road/Street</b>
At Gat No. 82/1/2	M/S. Shri Prakashchand Jain Multispeciality Hospital,	jalgaon road
<b>Area/Locality</b>	<b>Email</b>	<b>Website URL</b>
Palaskheda	pralhadjamner@gmail.com	NA

### c) Onwership of Facility

Private ( Ownership under trust)

**Name of the Trust / Company** maha10325

### Land Ownership

Self Owned

### d) Month and year of commissioning of the HCF

01/02/2020

### e) Area of the Facility / Hospital

<b>i) Total plot area (in square meter)</b>	<b>ii) Built up area (in square meter)</b>	<b>iii) Open Plot Area (Sq.Mtr)</b>
18170.39	6103.77	12066.62

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

<b>Latitude (In degrees)</b>	<b>Longitude (In degrees)</b>
26.44	74.63

### g) Does HCF have Operation Theatre

No

**Number of OT** 2

h) Does HCF have Laundry facility in premises No

i) Does HCF have Canteen/Cafeteria facility in premises No

j) Does HCF have Hostel/Residential quarters in premises No

## 3.BMW Authorization Details

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### a) Type of health treatment system

Medicine

### b) Bombay Nursing Home Registration Details

<b>Total number of Beds</b>	<b>BNH Registration Number</b>	<b>Valid Upto</b>	<b>First Issued Date</b>
100	147	31-03-2023	28-07-2020

### Certificate issuing Authority

Civil Surgeon

### c) Diagnostic and Pharma Facilities available in Premises

**Pathology Lab** No

**Blood Bank** No



Yes

<b>Capacity(KVA)</b>	<b>Make</b>	<b>Fuel Used</b>	<b>Fuel QTY</b>	<b>Unit</b>	<b>Stack Height in meter</b>	<b>Accoustic Enclosure for noise control</b>
250	KIRLOSKAR	Diesel	10.00	Ltr/H	5.00	NO

***Do you have Boiler Installed***

No

#### **5. Additional Information**

***Do you have Bio Medical Waste Management Committee Constituted***

No

***Do you have Infection Control Committee Constituted***

No

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