



**E-Approval CCA (Consolidated Consent
& authorization) Certificate**

Application No-9884656 Dated: 02/06/2026

Ref No-UKPCB/Dehradun RO/Dehradun/BMW/9884656

Valid upto: 31/03/2027

To

M/s AAROGYADHAM SUPER SPECIALITY HOSPITAL & RES CENTRE
6,NEW ROAD NEAR DOON GOVT. HOSPITAL DEHRADUNUTTRAKHAND
Tehsil: Dehradun
District: Dehradun
Phone No: 790697728

SUB: E-Approval CCA (Consolidated Consent & authorization) Certificate under Water Act, Air Act and BMW Rules as amended and notified under Environment (Protection) Act, 1986.

REF: Your Application No. (BWM: BWM)-9884656 Dated: 02/06/2026

CCA (Consolidated Consent & authorization) Certificate under Section-25 of the Water (Prevention & Control of Pollution) Act, 1974; Section-21 of the Air (Prevention & Control of Pollution) Act, 1981 and Authorization under Bio-Medical Waste Management Rules, 2016, notified under Environment (Protection) Act, 1986 as applicable (to be referred hereinafter as Water Act, Air Act and BMW Rules respectively) is here by granted to **M/S AAROGYADHAM SUPER SPECIALITY HOSPITAL & RES CENTRE village 6,NEW ROAD NEAR DOON GOVT. HOSPITAL DEHRADUNUTTRAKHAND District Dehradun** subject to the provisions of **Water Act, Air Act & BMW Rules as amended from time to time** and is valid upto: 31/03/2027

All Conditions under as subsequent amendments and other conditions as applicable will be mentioned in the detailed Order *

***** Note: This is only provisional communication. The final CCA hard copy with duly signed by competent authority shall be final.**

For and on behalf of
Uttarakhand Pollution Control Board

RO Dehradun
Shri Naresh Goswami
Mobile no-9412130888



FORM II

(See Rule 10)

APPLICATION FOR AUTHORIZATION OR RENEWEL OF AUTHORISATION

(To be submitted by occupier of Health Care Facility or Common Bio-Medical Waste Treatment Facility)

To ,
The Member Secretary,
Uttarakhand Environment Protection and
Pollution Control Board,
Dehradun

1	Particulars of the applicant:					
i)	Name of the applicant	:	Vipul Dutt Kandwal			
	Designation	:	Owner			
ii)	Name of the Institution	:	Arogyadham Multispecialty Hospital			
	Address for correspondence	:	Near Doon Hospital New Road Dehradun Dehradun			
	Landline phone No	:	-9927510002			
	Mobile No.	:	9927510002			
	E-mail Id	:	VIPULKANDWAL@GMAIL.COM			
2	Activity for which authorisation is sought:					
	Generation, segregation,Collection,Storage,Packaging,Reception,Transportation					
3 i)	Authorization now Applied For :	:	Renewal			
3 ii)	Previous Authorization Details :	:				
	Date of Application for BMWA		BMWA Type	Authorisation No	Issued date	Valid date
iii)	Status of CTE/CTO-latest consent type, issued date and validity date		:	RENEWAL BED-50		
iv)	GPS Coordinates- Lat/Lon of the location of applicant facility(In decimal degress with 6 decimals)		:	Latitude: (N Decimal degrees) / Longitude: E Decimal degrees)		
4 i)	BMW Facility Type		:	HCF		
ii)	BMW Facility Status		:	CBWTF-Common Facility		
iii)	Name Of CBWTF		:	Medical Pollution Control Committee (MPCC)		
iv)	Address of the location of Health Care Facility or CBWTF		:	Near Doon Hospital New Road Dehradun Dehradun		
v)	CBWTF-Office and location address of treatment and disposal		:	Bhagwanpur Mandawar Roorkee / Bhagwanpur Mandawar Roorkee		

5)	Details of HCF		
i)	Medical Treatment Facility provided to Outpatients	:	60
ii)	Medical Treatment Facility provided to Inpatients	:	60
iii)	No of Beds	:	50
iv)	In case of bedded hospital average occupancy of the hospital annually in %(Percentage)	:	80
v)	Occupancy in the Hospital Per Day(in Nos)	:	60
vii)	Quantity of BMW handled, treated or disposed:		
	Category	Type of Waste	Quantity Generated or collected in Kg/day
	Yellow	a) Human Anatomical Waste	0.50
		b) Animal Anatomical Waste	
		c) Soiled Waste	
		d)Expired or Discarded Medicines	
		e)Chemical Solid Waste	
		f) Chemical Liquid Waste	
		g)Discarded linen, mattresses, beddings contaminated with blood or body fluid	
		h) Microbiology, Biotechnology and other clinical laboratory waste	
	Red	Contaminated waste (Recyclable)	0.1
	White(Translucent)	Waste sharps including Metals	0.3
	Blue	Glassware	
		Metallic Body Implants	
		Total	0.90 Kg/Day
6i)	Mode of Transportation of BMW	:	Common Facility Vehicle
ii)	Details of Treatment equipments available for treatment of BMW:		

Sl No	Treatment equipment	No of units	Type and capacity of each unit
1	Incinerators		
2	Plasma Pyrolysis		
3	Autoclaves	2	
4	Microwave		
5	Hydroclave		
6	Shredders		
7	Needle tip cutter or destroyer	3	
8	Sharp encapsulation or Concrete pit		
9	Deep burial pits	3	
10	Chemical disinfection		
11	Any other treatment equipment		

7	Details of directions or notices or legal actions if any during the period of earlier authorisation	:	NO										
8	Bank Details												
	Bank Name	Branch Name	Draft No./Money Receipt No.										
			Date										
			Rupees										
9)	Chimney	:	New										
10(a)	Air Emission Details(Stack Details)												
	Num ber of Stac k	Stac k Atta ched to Plan t	Stac k Heig ht abov e grou nd level (met ers)	Heig ht of sam ple form and mult i- platf orm(mete rs	Stac k Heig ht abov e facto ry roo m(m eters)	Stac k Top	Gas Qua ntity (m³ /hr)	Fuel Gas Tem pera ture('C)	Exit Velo city of The Gas/ sec	Plan t Cap acity	Unit	Stac k Draf t Type	Mate rial Of Cons truct ion Of Stac k
10(b)	Air Emission Details(Flue Gas Emission Details)												

	Stack Attached To Plant	Fuel Name	Fuel Consumption Quantity	Unit	Caloric Value	As h Contents (%)	Sulphur Contents (%)	Others	Type of Firing	Quantity of gas	So ₂	Co ₂	No ₂	C O/ H C	C O/ N Ox	Analysis of vent hydrocarbons	particulars	others
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10(c) **Air Emission Details(Air Pollution Control Equipment Details)**

	Stack Attached To Plant	Equipment Name	Existing or Proposed	Equipment Size	No. of Equipments	Status	For which Pollutant	Date of Installation	Particulate Analysis	Unit	Chemical Analysis	Is there sufficient space available for installing air pollution control equipment
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10(d) **Air Emission Details(Climatological And Meteorologic Details)**

	Climate Condition	Rain Fall (yearly average)	Temperature('C)	Information on Speed and Direction of Wind	Humidity And Solar Radiation
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11(a) **Water Emission Details(Water Consumption Details)**

	Source Consumption	Quantity (KL/D)
	Domestic	17.0

11(b) **Water Emission Details(Water Effluent Generation Details)**

	Generation	Waste Water Generation Quantity (KL/D)
	Domestic	17.0

11(c) **Water Emission Details(Solid Waste Details)**

	Nature of Waste	Approximate Composition	Total Quantity(per day)	Hazardous	Mode of Disposal
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11(d) **Water Emission Details(Material Details)**

	Material	Material Details	Name	Weight
11(e)	Water Emission Details(Fuel Consumption)			
	Fuel	Consumption(tpd/kld)	Use	
11(f)	Water Emission Details(Effluent(Treated) Disposal Details)			
	Name	Status(Already Made)	Status(Proposed To)	
11(g)	Water Emission Details(Composition of Effluent Details)			
	Name	Effluent before treatment	Effluent after treatment	
12	Declaration			
	<p>I do hereby declare that the statements made and information given above is true to the best of my knowledge and belief and that I have not concealed any information.</p> <p>I do also hereby undertake to provide any further information sought by the prescribed Authority in relation to these rules and to fulfil any conditions stipulated by the prescribed Authority.</p>			

Date: 23/03/2023

Signature of the applicant
Name and Designation

Enclosures:

1. Agreement with CBWTF operator
2. Annual Return Form 2
3. Copy Of Logbook for BMW Disposal
4. Detail of In house treatment and disposal of BMW
5. Last CCA Copy for bedded hospital.