



भारत सरकार
Government of India
सूक्ष्म, लघु एवं मध्यम उद्यम मंत्रालय
Ministry of Micro, Small and Medium Enterprises



UDYAM REGISTRATION CERTIFICATE



Our small hands to
make you LARGE

UDYAM REGISTRATION NUMBER	UDYAM-MH-18-0133410				
NAME OF ENTERPRISE	SHRUTI CLINICAL LABORATORY				
TYPE OF ENTERPRISE *	MICRO				
MAJOR ACTIVITY	SERVICES				
SOCIAL CATEGORY OF ENTREPRENEUR	GENERAL				
NAME OF UNIT(S)	S.No.	Name of Unit(s)			
	1	shruti clinical laboratory			
OFFICAL ADDRESS OF ENTERPRISE	Flat/Door/Block No.	203	Name of Premises/ Building	ROYAL CHAMBERS	
	Village/Town	ANDHERI-(West),	Block	OPP.MILLENIUM CLUB,JVPD	
	Road/Street/Lane	N.S. ROAD NO.1	City	MUMBAI	
	State	MAHARASHTRA	District	MUMBAI SUBURBAN , Pin 400058	
	Mobile	9322597460	Email:	shrutilab@gmail.com	
DATE OF INCORPORATION / REGISTRATION OF ENTERPRISE	20/11/2001				
DATE OF COMMENCEMENT OF PRODUCTION/BUSINESS	20/11/2001				
NATIONAL INDUSTRY CLASSIFICATION CODE(S)	S.No.	NIC 2 Digit	NIC 4 Digit	NIC 5 Digit	Activity
	1	86 - Human health activities	8690 - Other human health activities	86905 - Activities of independent diagnostic/pathological laboratories	Services
DATE OF UDYAM REGISTRATION	23/02/2022				

* In case of graduation (upward/reverse) of status of an enterprise, the benefit of the Government Schemes will be availed as per the provisions of Notification No. S.O. 2119(E) dated 26.06.2020 issued by the M/o MSME.

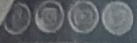
Disclaimer: This is computer generated statement, no signature required. Printed from <https://udyamregistration.gov.in> & Date of printing:- 28/02/2022

For any assistance, you may contact:

1. District Industries Centre: MUMBAI SUBURBAN (MAHARASHTRA)

2. MSME-DI: MUMBAI (MAHARASHTRA)

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MSME

नमुना - "ग" Form - "G"

(नियम ९ प्रकृति) (See rule 9)

सूचना दिल्याबाबत पावती INTIMATION RECEIPT

अर्जदाराने नमुना "फ" द्वारे व्यवसाय सुरु केल्याबाबतची सूचना खाली नमुद केलेल्या नपत्रीपत्रात या कार्यान्वयन दिवेची आहे. त्याचा नपत्रीपत्रात पुढीलप्रमाणे -

The applicant has intimated the following details for having commenced the Business in Form "F" to this office. The details thereof are as follows:-

Maharashtra Shops & Establishment (Regulation of Employment and Condition of Service) Act, 2017
महाराष्ट्र दुकाने व आस्थापना (नोकरीचे व सेवाशर्तीचे विनियमन) अधिनियम, २०१७

१. अर्जाचा आयडी क्रमांक (सूचनापत्राचा)

1. Application Id Number : 890127582 / KW Ward / COMMERCIAL II

२. आस्थापनेचे नाव

2. Name of the Establishment : SHRUTI CLINICAL LABORATORY

३. कामगारांची एकूण संख्या

3. Total No. Of Workers

Male	Female	Total
00004	00004	00008

४. मालकाचे नाव

4. Name of the Employer : DR. KRISHNA S. DESAI |

५. आस्थापनेच्या टपालाचा पत्ता

5. Postal Address of the Establishment : 203, ROYAL CHAMBERS, OPP. CLUB MILLENIUM, N.S. ROAD - 1, JVPD, ANDHERI WEST, MUMBAI, 400058,

६. सदरची पावती ही केवळ अर्जदाराने त्याचा व्यवसाय सुरु केल्याबाबत कार्यालयास पाठविलेल्या सूचनापत्राची पोच पावती असून व्यवसाय अथवा व्यवसायाची जागा अस्तित्वात असल्याबाबतचा पुरावा नाही. व्यवसायासाठी व व्यवसायाच्या जागेसाठी आवश्यक असणारी संबंधित सक्षम प्राधिकारी यांच्याकडील पूर्व / पश्चात परवानगी, अनुज्ञापत्रे, परवाना धारण करण्याची सर्वस्वी जबाबदारी मालकाची राहिल.

6. This is just an acknowledgement of the intimation application and not a proof of existence of the business and the place of business as mention in the intimation application. It shall be the responsibility of the employer to obtain the entire prior and post permission, permit, licenses mandatory for the conduct of the said business and for the place of business from the concerned authority.

७. व्यवसायाचे स्वरूप (व्यवसायाची सविस्तर माहिती द्यावी)

7. Nature of Business : PATHOLOGY LABORATORY

८. पूर्वीचा नोंदणी प्रमाणपत्राचा क्रमांक व दिनांक, लागू असल्यास

8. Old Registration No And Date, if applicable : KW Ward / COMMERCIAL II / 760312278 / 31.12.2018

दिनांक

Date : 14.01.2019

कार्यालयाचा पत्ता

Office Address : Office of the Chief Facilitator,
Hawkers Plaza Building,
5th Floor, Senapati Bapat Marg,
Dadar, Mumbai - 400028

ठिकाण

Place : Mumbai

टीप : सदरची पोच पावती संगणकीय प्रणालीद्वारे तयार करण्यात आलेली असल्याने त्यावर स्वाक्षरीची आवश्यकता नाही.

Note : This is an electronically generated receipt, hence does not required signature.



Date: 20.04.2022

MEMBERSHIP CERTIFICATE

SHRUTI CLINICAL LABORATORY

Location : 203/204 ROYAL CHEMBER, N. S. ROAD 1, NEAR JEWEL NURSING HOME, OPP. CLUB MILLENIUM, JVPD, VILEPARLE (W), MUMBAI 400057

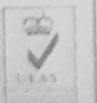
Is Registered with SMS Envoclean Private Limited for the disposal Of Bio-Medical Waste as per Bio Medical Waste (M&H) Rules and Guidelines-MPCB.

Registration No. : 40006631
Service W.E.F : 01.02.2010
Valid UP TO : 31.12.2022
Total No. Beds : 0
Total No. OPD : 0
Total no. Of DC : 0
Total no. Of BB : 0
Total No. Lab : 1
Barcode Services : Not Registered

SMS ENVOCLEAN PVT LTD



AUTHORIZED SIGNATORY



Ghatkopar - Mankhurd Link Road, Near Deonar Dumping Ground, Opp. Sathe Nagar, Govandi (West), Mumbai - 400 043.
Cell: 8879002572 Toll Free No: 18002606575
Customer Care Email ID: info@smsenvoclean.com / www.smsmumbaiBMW.com

Corporate Office : 20, IT Park, Parsodi, Nagpur - 440 022 (India) Maharashtra
Reg. Office : 267, Ganesh Fadnis Bhavan, Near Triangular Park, Dharampeth.

SMS ENVOCLEAN

PRIVATE LIMITED



MAHARASHTRA POLLUTION CONTROL BOARD

Kalpataru Point, 1st floor, Opp. PVR Theatre, Sion (E), Mumbai-400022, Maharashtra

Phone no:22640345

website: www.mpcb.gov.in email: sromumbai2@mpcb.gov.in



Combined Consent and Bio-Medical Waste Authorization (CCA)

(under the provisions of Water (P&CP) Act, 1974, Air (P&CP) Act, 1981, Environment (P) Act, 1986 and rules made there under including BMW Management Rules, 2016, Amendment Rules, 2018)

1. Unique Application Number : **MPCB-BMW_AUTH-0000037443**
2. File Outward Number : **SRO-MUMBAI II/BMW_AUTH/2109000520 - 2021**
3. Date of Issue: **29-Sep-2021**
4. CCA Validity: **28-Sep-2024**

(subject to having valid membership of Common BMW Treatment Facility in the jurisdiction authorized by MPCB)

5. **Dr. KRISHNA S DESAI** an Authorized Person (occupier) of the health care facility located at **203/204, ROYAL CHAMBERS, N. S. ROAD NO. 1, JVPD, VILEPARLE (WEST) MUMBAI 400057, VILE PARLE (W) MUMBAI 400057, Mumbai Suburban-400057** is hereby granted an Combined Consent and Bio Medical Waste Authorization for **Generation, Segregation of Bio Medical Waste** under the provisions of Bio Medical Waste Management Rules, 2016, as amended time to time.

6. Terms and Conditions of Combined Consent and BMW Authorization (CCA):

The CCA is subject to the condition stated below and to such other condition as may be specified under provisions of Water (P&CP act 1974), Air (P&CP act 1981, Environment (P) act) 1986 and Rules made there Under including BMW Management Rules, 2016,

1. You are hereby authorized for Generation and Handling of Bio Medical Waste as stated below in accordance with provisions of **Schedule -I (Part 1 & 2)** of BMW Rules 2016:

Category of Waste	Type of Bag or Container to be used	Quantity (Kg/Month)
Yellow	Yellow coloured non-chlorinated plastic bags	5
Red	Autoclave safe plastic bags or containers	0
White(Translucent)	Puncture proof, Leak proof, tamper proof containers	0
Blue	Puncture proof, Leak proof boxes or containers with blue colored marking	0

2. You shall handover the BMW generated in specified bag/container duly labelled with "Barcode" to **SMS**

ENVOCLEAN PVT LTD. MUMBAI in compliance of provision of Rule 8 of BMW Rules 2016.

3. You shall maintain records related to the Generation and Handling of Bio Medical Waste, for a period of **FIVE years**. All records shall be subject to inspection and verification by the prescribed authority.

4. You shall submit an Annual Report to the prescribed authority i.e. the authority granting this CCA every year before 30th June for Jan-Dec of the preceeding year.

5. In case of any change for which CCA is granted, you shall forthwith inform in writing about the change and shall submit a fresh CCA application in Form II for modification of the conditions of CCA. Any unauthorised change in location, personnel, equipment or working conditions as mentioned in the application by the person authorised shall constitute a breach of this CCA, and shall be deemed to be invalid.

6. The person authorized shall not rent, lend, sell, transfer or otherwise transport the biomedical wastes without obtaining prior written permission of the prescribed authority.

7. You shall comply with the provisions of Water (P&CP act 1974), Air (P&CP act 1981, Environment (P) act) 1986 and Rules made there under including BMW Management Rules, 2016, as ammended.

8. You shall produce duly signed and sealed copy of CCA for inspection on request of an officer authorised by MPCB.

9. It is the duty of the authorised person to take prior permission of the prescribed authority to close down the facility and to comply with such other terms and conditions stipulated by the prescribed authority.

10. In case of any violation, Authorized Person and/or Health Care Establishment shall be liable for all the damages caused to the environment or the public due to improper handling of Bio Medical Wastes and shall also be liable for action under Section 33A of Water (P&CP) Act, 1974 and Section 31A of Air (P&CP) Act, 1981 and Section 5 and Section 15 of the E(P) Act, as applicable.

Shri Jayavant Hajare
Sub-Regional Officer

(For and on behalf of Prescribed Authority, MPCB)