



Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Form 4

See rules 6(5),13(8),16(6) and 20(2) of Hazardous and other wastes 2016

FORM FOR FILING ANNUAL RETURNS

[To be submitted to state pollution control board/pollution control committee by 30th June of every year for the preceeding period April to march]

Unique Application Number:

MPCB-HW_ANNUAL_RETURN-0000044525

Submitted On:

08-06-2024

Industry Type :

Generator

Submitted for Year:

2024

1. Name of the generator/operator of facility

Babarraji shinde sugar and Allied Industries Ltd.

Address of the unit/facility

Gut -160,168, Turkpimpri, Barshi, Solapur.

1b. Authorization Number

Format1.0/CAC/UAN No.MPCBCONSENT-0000170599/CR/2311001859

Date of issue

Nov 23, 2023

Date of validity of consent

Jul 31, 2024

2. Name of the authorised person

Mr. Ranjeet Babanrao Shinde

Full address of authorised person

Gut -160,168,Turkpimpri, Barshi,Solapur.

Telephone

9657552255

Fax

NA

Email

ismcl_unit2@yahoo.co.in

3. Production during the year (product wise), wherever applicable

Product Type *	Product Name *	Consented Quantity	Actual Quantity	UOM
OTHERS	Sugar	217800.0000	88455.500	MT/A
OTHERS	Pressmud	69300.0000	5196.190	MT/A
OTHERS	Molasses	73800.0000	40650	MT/A
OTHERS	Baggase	573000.0000	227172	MT/A
OTHERS	Electricity	25.0000	22.88	MW

PART A: To be filled by hazardous waste generators

1. Total Quantity of waste generated category wise

Type of hazardous waste

5.1 Used or spent oil

Waste Name

Used or spent oil

Consented Quantity

18.000

Quantity

0.0

UOM

MTA

2. Quantity dispatched category wise.

Type of Waste

Quantity of waste UOM

0.0

MTA

Dispatched to

0

Facility Name

NA

3. Quantity Utilised in-house,If any

Type of Waste

Name of Waste

NA

Quantity of Waste

0.0

UOM

KL/Anum

4. Quantity in storage at the end of the year

Type of Waste

Name of Waste

NA

Quantity of Waste

0.0

UOM

KL/Anum

5. Quantity disposed in landfills as such and after treatment

Type	Quantity	UOM
Direct landfilling	NA	KL/Anum
Landfill after treatment	NA	KL/Anum
6. Quantity incinerated (if applicable)	UOM	
NA	KL/Anum	

Personal Details

Place Date Designation Pune 2024-06-08 Chairman & Managing Director