

FORM II

(see Rule 10)

ANNUAL REPORT

(To be submitted to the prescribed authority by 31st January every year)

1. Particulars of the applicant ----

- (i) Name of the authorized person : DR . Rohini Patange
(Occupier / operator)
- (ii) Name of the institution : Indira Clinic
Address : Second Floor Yamuna Jarang Complex ,Murtijapur
Road ,Akola
Tel No. : 7230020381
Telex No. :
Fax No. :

2. Categories of waste generated and quantity On a monthly average basis.
- | Cat. :- | 4 | 5 | 6 | 7 | |
|-----------------|-----|-----|-----|-----|-------------|
| Kg per month :- | 3.2 | 4.3 | 5.4 | 6.5 | 600 lit/day |

3. Brief details of the treatment facility -----
In case of off-site facility ----

- (i) Name of the operator : GLOBAL ECO SAVE SYSTEMS AMRAVATI
(ii) Name and address of the facility : GLOBAL ECO SAVE SYSTEMS
DURGAPUR ROAD BADNERA AMRAVATI
Tel. No. :
Telex No. : 0721-2565493
Fax No. :

4. Category-wise quantity of waste treated :As Above
5. Mode of treatment with details : Incineration, Autoclave, Shredding etc.
6. Any other information :Not applicable
7. Certified that the above report is for the period from

1st January 2021 to 31st December 2021

Date : 18-02-2022

Signature :-

Place : Akola

Designation :-



INDIRA IVF CLINIC
(A UNIT OF INDIRA IVF HOSPITAL PVT. LTD.)
YAMUNA TARANG COMPLEX
MOUZE UMERKHED PARANGE
MURTIZAPUR ROAD, AKOLA-444001 (M.H)



Form - IV

(See rule 13)

ANNUAL REPORT - HCE (Non Bedded)

[To be submitted to the prescribed authority on or before 30 th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Select Unit

Select Unit Add new unit

1) Particulars of authorised person (Owner/Occupier/Any other Authorised Person)

i) First Name

DR. Rohini

ii) Middle Name

Laxman

iii) Last Name

Patange

iv) Designation

Center Head

v) Aadhaar No

vi) PAN No

vii) Address as per Aadhaar Card

viii) Telephone / Mobile No.

7230020381

ix) Fax No.

x) e-mail

2) Details of Health Care Facility

Name of Health Care Facility

INDIRA IVF CLINIC

Email

Name of the contact person

Save

Contact No.

7230020381

3) Address for Correspondance

* Pin-Code Number

494001

i) *Building Name/Building No./Survey Number

2nd floor Yamuna Tarang
Complex

ii) *Street / Village

Mustizapur Road

Area/Locality/Village

near Radhakrishna
Taluk

iv) *City / Taluka

Akola

v) *District

--Select One--

Akola

vi) Latitude coordinate of HCE

vii) Longitude coordinate of HCE

viii) Ownership of HCE

select ownership

ix) URL of website

4) Details of valid Combined Consent and BMW Authorization (CCA)

i) CCA / Authorization No.

ii) validity Date



5) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)

130/2020

6) Registration Expiry Date

31/03/2025



7) Faculty of Medicine

8) Name of the Common Bio-Medical Waste Treatment Facility

Select

9) Details of Bio Medical Generation

i) Authorized Bio Medical Waste Quantity Kg/month (as per valid CCA)

Yellow

Red

Blue

White

ii) Bio Medical Waste Generated (Kg/Month)

Yellow

Red

Blue

White

10) Details of the accident occurred during the year

i) Number of Accidents occurred

0

ii) Number of the persons affected

0

iii) Remedial Action taken (Please attach details if any)

Yes No

Attach Details

Choose File No file chosen

iv) Any Fatality occurred, If yes details.

Yes No

Attach Details

Choose File No file chosen

11) Whether HCE intended to Sale / Handover liquid BMW for R&D purpose

Yes No

Place

Designation

Date



Capcha:



Enter the code above here :

Save