

**Form - IV**

(See rule 13)

Bio Medical Waste Annual Return for the Calender Year - 2021

|   |  |   |                       |
|---|--|---|-----------------------|
| <b>Application Type:</b> HCF  | <b>Calender Year</b><br>2021                           | Submit To<br>SRO-Pune I                               |                       |
| <b>Member of CBMWTF:</b> Yes  |  |   |                       |
| <b>Type of Health Care Facility</b> Bedded  |  |   |                       |
| <b>1) Particulars</b>   |  |   |                       |
| <b>i) First Name</b><br>AMOL  | <b>ii) Middle Name</b><br>S                            | <b>iii) Last Name</b><br>LUNKAD                       |                       |
| <b>iv) Designation</b><br>AUTHORISED SIGNATORY  | <b>v) Aadhaar No</b><br>212025389732                   | <b>vi) PAN No</b><br>ACXPL2129E                       |                       |
| <b>vii) Address as per Aadhaar Card</b><br>CLUSTER 6, BUNGLO 12A, KUMAR CITY, KALYANI NAGAR, WADGAON, PUNE - 411014                             | <b>viii) Tel. No.</b><br>9664448090                    | <b>ix) Fax No.</b>                                    |                       |
| <b>x) e-mail</b><br>licences.applications@indiraivf.in  | <b>xi) URL of website</b>                              |   |                       |
| <b>2) Details of Health Care Facility</b>   |  |   |                       |
| <b>i) Name of the HCF</b><br>INDIRA IVF HOSPITAL PVT LTD  | <b>ii) Email</b><br>licences.applications@indiraivf.in | <b>iii) Name of the contact person</b><br>AJIT SHIRKE |                       |
| <b>iv) Contact No.</b><br>9664448090  |  |   |                       |
| <b>3) Address of the Health Care Facility</b>   |  |   |                       |
| <b>i) Building Name/Building No./Survey Number</b><br>Anand Emerald, Plot No 10 to 14, Sr No 232, Hissa No 1+2 Off No 203 to 207, Sakoraenagar, | <b>ii) Street / Village</b><br>Lohagaon                | <b>iii) City / Taluka</b><br>PUNE                     |                       |
| <b>iv) District</b><br>Pune   | <b>v) Pin-Code Number</b><br>411014                    | <b>vi) Near by Landmark</b>                           |                       |
| <b>vii) Latitude coordinate</b>   | <b>viii) Longitude coordinate</b>                      | <b>ix) Ownership</b><br>Private                       |                       |
| <b>4) Details of valid Combined Consent and BMW Authorization (CCA)</b>   |  |   |                       |
| <b>i) CCA / Authorization No.</b><br>MPCB/SRP-PUNE I/BMW_AUTH/211000023   | <b>ii) Valid Upto</b><br>Dec 31 2024 12:00:00:AM       |   |                       |
| <b>5) Total No of Beds (As per valid Authorization)</b>   |  | 25  |                       |
| <b>6) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)</b>   |  | LCBP-2016-00032                                       |                       |
| <b>7) Registration Expiry Date</b>  |  | Oct 31 2024 12:00:00:AM                               |                       |
| <b>8) Faculty of Medicine</b><br>1  |  |   |                       |
| <b>9)Whether HCE Having Captive Treatment Facility</b><br>No  |  |   |                       |
| <b>10) Details of BMW</b>   |  |   |                       |
| <b>i) Authorized Bio Medical Waste Quantity Kg/month (as per valid CCA)</b>   |  |   |                       |
| <b>Yellow</b> 310.00000   | <b>Red</b> 213.00000                                   | <b>Blue</b> 73.50000                                  | <b>White</b> 48.00000 |

|  |  |                           |                       |                            |
|--|--|---------------------------|-----------------------|----------------------------|
| <b>ii) Bio Medical Waste Generated (Kg/Month)</b>  |  |                           |                       |                            |
| <b>Yellow</b> 310.00000  | <b>Red</b> 213.00000                       | <b>Blue</b> 73.50000      | <b>White</b> 48.00000 |                            |
| <b>iii) Quantity of Biomedical waste given to CBMWTDF (kg/Month)</b>   |  |                           |                       |                            |
| <b>Yellow</b> 310.0000   | <b>Red</b> 213.0000                        | <b>Blue</b> 73.5000       | <b>White</b> 48.0000  | <b>General Solid Waste</b> |
| <b>11) Details trainings conducted on BMW</b>  |  |                           |                       |                            |
| <b>i) Number of trainings conducted on BMW Management.</b><br>5  |  |                           |                       |                            |
| <b>ii) Number of personnel trained</b><br>50   |  |                           |                       |                            |
| <b>iii) Number of personnel trained at the time of induction</b><br>50   |  |                           |                       |                            |
| <b>iv) number of personnel not undergone any training so far</b><br>50   |  |                           |                       |                            |
| <b>v) whether standard manual for training is available?</b><br>Yes  |  |                           |                       |                            |
| <b>vi) any other information</b><br>NA   |  |                           |                       |                            |
| <b>12) Details of the accident occurred during the year</b>  |  |                           |                       |                            |
| <b>i) Number of Accidents occurred</b>   |  |                           |                       |                            |
| <b>ii) Number of the persons affected</b>  |  |                           |                       |                            |
| <b>iii) Remedial Action taken (Please attach details if any)</b><br>No   |  |                           |                       |                            |
| <b>iv) Any Fatality occurred, If yes details.</b><br>No  |  |                           |                       |                            |
| <b>13) Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?</b><br>No                   |  |                           |                       |                            |
| <b>14) Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?</b><br>No |  |                           |                       |                            |
| <b>15) Whether HCE intended to Sale / Handover liquid BMW for R&amp;D purpose</b><br>No  |  |                           |                       |                            |
| <b>Place</b><br>PUNE   | <b>Designation</b><br>AUTHORIZED SIGNATORY | <b>Date</b><br>07-10-2022 |                       |                            |