

Form - IV (See rule 13) Bio Medical Waste Annual Return for the Calender Year - 2022 **Application Type: HCF** Submit To **Calender Year** 2022 SRO-Aurangabad I **Member of CBMWTF:** Yes Type of Health Care Facility Bedded 1) Particulars i) First Name ii) Middle Name iii) Last Name **KSHITIZ MURDIA** iv) Designation v) Aadhaar No vi) PAN No DIRECTOR 205498194284 AIPPM5516I viii) Tel. No. ix) Fax No. vii) Address as per Aadhaar Card 9, GOVINDPURA COLONY, OPP. M B COLLEGE 9664448090 GROUND, MANWA KHERA, UDAIPUR - 313002 x) e-mail xi) URL of website licences.applications@indiraivf.in 2) Details of Health Care Facility i) Name of the HCF ii) Email iii) Name of the contact person INDIRA IVF HOSPITAL PVT LTD licences.applications@indiraivf.in AJIT SHIRKE iv) Contact No. 9664448090 3) Address of the Health Care Facility i) Building Name/Building No./Survey ii) Street / Village iii) City / Taluka SEVEN HILLS, JALNA ROAD, **AURANGABAD** Number 2ND FLOOR, KOHLI COMPLEX GURISH MARKET, iv) District v) Pin-Code Number vi) Near by Landmark Aurangabad 431001 ix) Ownership vii) Latitude coordinate viii) Longitude coordinate Private 4) Details of valid Combined Consent and BMW Authorization (CCA) i) CCA / Authorization No. ii) Valid Upto May 31 2025 12:00:00:AM SRO-AURANGABAD/BMW-AUTH/2206000290 7 5) Total No of Beds (As per valid Authorization) 6) Registration Number (e.g. Bombay Nursing Home reg. no., MSDC, MBTC) 618 7) Registration Expiry Date May 31 2025 12:00:00:AM 8) Faculty of Medicine 9) Details of membership of common bio-medical waste treatment facility (CBMWTF) Name of CBMWTF M/s. Water Grace Products, Aurangabad

1045889910

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Membership Number

Number of beds

Validity of Membership	30-06-2023	30-06-2023		
.0) Details of BMW) Authorized Bio Medical Wa	ste Quantity Kg/month (as pe	r valid CCA)		
Yellow 25.00000	Red 15.00000	Blue 8.00000	White 20.00000	
) Bio Medical Waste Genera	ted (Kg/Month)			
Yellow 20.00000	Red 15.00000	Blue 8.00000	White 2.00000	
i) Quantity of Biomedical wa	ste given to CBMWTDF (kg/M	onth)		
Yellow 20.0000	Red 15.0000	Blue 8.0000	White 2.0000	
0.(a) General Solid Waste (k	g/Month) 43.0000			
1) Details trainings conduct Number of trainings conduct				
i) Number of personnel train	ed			
ii) Number of personnel train	ned at the time of induction			
v) number of personnel not u	undergone any training so far			
v) whether standard manual es	for training is available?			
ri) any other information NA				
(2) Details of the accident oc Number of Accidents occur				
i) Number of the persons aff	ected			
i) Remedial Action taken (Pl	ease attach details if any)			
v) Any Fatality occurred, If y	es details.			
.3) Details of Liquid waste go	enerated and treatment meth	ods (STP and ETP)		
STP	No	Capacit	Capacity (CMD)	
) ETP	No	Capacit	Capacity (CMD)	
4) Is the disinfection methoditandards in a year?	d or sterilization meeting the	log 4 standards? How many	y times you have not met the	
L5) Whether HCE intended to	Sale / Handover liquid BMW	for R&D purpose		
Place AURANGABAD	Designation DIRECTOR	Date 01-06-2	000	