

**Form - IV**

(See rule 13)

Bio Medical Waste Annual Return for the Calender Year - 2022

|   |  |   |                      |
|---|--|---|----------------------|
| <b>Application Type:</b> HCF  | <b>Calender Year</b><br>2022                           | Submit To<br>SRO-Jalgaon                              |                      |
| <b>Type of Health Care Facility</b> Non Bedded  |  |   |                      |
| <b>1) Particulars</b>   |  |   |                      |
| <b>i) First Name</b><br>KSHITIZ   | <b>ii) Middle Name</b><br>A                            | <b>iii) Last Name</b><br>MURDIA                       |                      |
| <b>iv) Designation</b><br>DIRECTOR  | <b>v) Aadhaar No</b><br>205498194284                   | <b>vi) PAN No</b><br>AIPPM5516J                       |                      |
| <b>vii) Address as per Aadhaar Card</b><br>9, GOVINDPURA COLONY, OPP. M B COLLEGE<br>GROUND, MANWA KHERA, UDAIPUR - 313002  | <b>viii) Tel. No.</b><br>9664448090                    | <b>ix) Fax No.</b>                                    |                      |
| <b>x) e-mail</b><br>licences.applications@indiraivf.iin   | <b>xi) URL of website</b>                              |   |                      |
| <b>2) Details of the Health Care Facility</b>   |  |   |                      |
| <b>i) Name of the Health Care Facility</b><br>INDIRA IVF CLINIC   | <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>1st Floor MO Chambers, Jilla peth,  | <b>ii) Street / Village</b><br>Swatantra Chowk         | <b>iii) City / Taluka</b><br>Jalgaon                  |                      |
| <b>iv) District</b><br>jalgaon  | <b>v) Pin-Code Number</b><br>425001                    | <b>vi) Near by Landmark</b>                           |                      |
| <b>vii) Latitude coordinate</b><br>18.501080  | <b>viii) Longitude coordinate</b><br>73.935028         | <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-BMW_AUTH-0000044267  | <b>ii) validity Date</b><br>May 22 2025 12:00:00:AM    |   |                      |
| <b>5) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)</b>   |  | NA  |                      |
| <b>6) Registration Expiry Date</b>  |  | Oct 28 2022 12:00:00:AM                               |                      |
| <b>7) Faculty of Medicine</b><br>Medicine   |  |   |                      |
| <b>8) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of</b><br>M/s Mansai Bio-Medical Waste Pvt. Ltd. Jalgaon |  |   |                      |
| <b>9) Details of BMW</b>  |  |   |                      |
| <b>i) Authorized BMW Quantity Kg/Month (as per valid CCA)</b>   |  |   |                      |
| <b>Yellow</b> 2.10000   | <b>Red</b> 1.80000                                     | <b>Blue</b> 0.50000                                   | <b>White</b> 0.60000 |

|   |                                |                           |                      |
|---|--------------------------------|---------------------------|----------------------|
| <b>ii) Generation of BMW Quantity (kg/Month)</b>  |                                |                           |                      |
| <b>Yellow</b> 2.10000   | <b>Red</b> 1.80000             | <b>Blue</b> 0.50000       | <b>White</b> 0.60000 |
| <b>10) 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>11) Whether HCE intended to Sale / Handover liquid BMW for R&amp;D purpose</b><br>No |                                |                           |                      |
| <b>Place</b><br>JALGAON   | <b>Designation</b><br>DIRECTOR | <b>Date</b><br>01-06-2023 |                      |