Form - IV (See rule 13) Bio Medical Waste Annual Return for the Calender Year - 2022 Application Type: HCF **Calender Year** Submit To 2022 SRO-Thane I Type of Health Care Facility Non Bedded 1) Particulars ii) Middle Name iii) Last Name i) First Name MITESH D DAVE iv) Designation v) Aadhaar No vi) PAN No AUTHORISED SIGNATORY 380766503256 AIPPM5516 vii) Address as per Aadhaar Card viii) Tel. No. ix) Fax No. A 302, RAI GRANDEUR, BEHIND HIRANANDANI 9664448090 HOSPITAL, POWAI, MUMBAI - 400076 xi) URL of website x) e-mail licences.applications@indiraivf.in 2) Details of the Health Care Facility i) Name of the Health Care Facility ii) Email iii) Name of the contact person INDIRA IVF CLINIC 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 Number NEAR BAIL BAZAR Kalyan 115, 116, 1ST FLOOR, AUM SUPREME BLDG. ABOVE D MART, iv) District v) Pin-Code Number vi) Near by Landmark Thane 421301 vii) Latitude coordinate viii) Longitude coordinate ix) Ownership Private 4) Details of valid Combined Consent and BMW Authorization (CCA) i) CCA/ Authorization No. ii) validity Date MPCB-BMW AUTH-0000042746 Mar 28 2025 12:00:00:AM 5) Registration Number (e.g. Bombay Nursing Home reg. no., MSDC, MBTC) NΔ Oct 10 2022 12:00:00:AM 6) Registration Expiry Date 7) Faculty of Medicine Medicine 8) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of Kalyan Dombivali Municipal Corporation (Operator of the facility EN-VISION ENVIRO ENGINEERS PVT LTD) 9) Details of BMW i) Authorized BMW Quantity Kg/Month (as per valid CCA) Yellow 2.00000 Red 2.00000 **Blue** 1.00000 White 1.00000

ii) Generation of BMW Quan	tity (kg/Month)	1	1
Yellow 2.00000	Red 2.00000	Blue 1.00000	White 1.00000
10) Details of the accident (i) Number of Accidents occu			
ii) Number of the persons a	ffected		
iii) Remedial Action taken (I No	Please attach details if any)		
iv) Any Fatality occurred, If No	yes details.		
11) Whether HCE intended to No	o Sale / Handover liquid BM	<i>W</i> for R&D purpose	
Place Kalyan	Designatio AUTHORIZE		5-2023