

**Form - IV**

(See rule 13)

Bio Medical Waste Annual Return for the Calender Year - 2022

<b>Application Type:</b> HCF	<b>Calender Year</b> 2022	Submit To SRO-Latur	
<b>Type of Health Care Facility</b> Non Bedded			
<b>1) Particulars</b>			
<b>i) First Name</b> MITESH	<b>ii) Middle Name</b> D	<b>iii) Last Name</b> DAVE	
<b>iv) Designation</b> AUTHORISED SIGNATORY	<b>v) Aadhaar No</b> 380766503256	<b>vi) PAN No</b> AIPPM5516J	
<b>vii) Address as per Aadhaar Card</b> A 302, RAJ GRANDEUR, BEHIND HIRANANDANI HOSPITAL, POWAI, MUMBAI - 400076	<b>viii) Tel. No.</b> 9664448090	<b>ix) Fax No.</b>	
<b>x) e-mail</b> licences.applications@indiraivf.in	<b>xi) URL of website</b>		
<b>2) Details of the Health Care Facility</b>			
<b>i) Name of the Health Care Facility</b> INDIRA IVF CLINIC	<b>ii) Email</b> licences.applications@indiraivf.in	<b>iii) Name of the contact person</b> AJIT SHIRKE	
<b>iv) Contact No.</b> 9664448090			
<b>3) Address of the Health Care Facility</b>			
<b>i) Building Name/Building No./Survey Number</b> SHOP NO. 11 TO 15, 2nd FLOOR, KAVERI COMPLEX, AT RATHI TOWN CENTER,	<b>ii) Street / Village</b> MAIN ROAD	<b>iii) City / Taluka</b> LATUR	
<b>iv) District</b> Latur	<b>v) Pin-Code Number</b> 413512	<b>vi) Near by Landmark</b>	
<b>vii) Latitude coordinate</b>	<b>viii) Longitude coordinate</b>	<b>ix) Ownership</b> Private	
<b>4) Details of valid Combined Consent and BMW Authorization (CCA)</b>			
<b>i) CCA/ Authorization No.</b> MPCB-BMW_AUTH-0000046997	<b>ii) validity Date</b> Mar 28 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 10 2022 12:00:00:AM	
<b>7) Faculty of Medicine</b> Medicine			
<b>8) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of</b> M/s. Akshay Industries, Latur			
<b>9) Details of BMW</b>			
<b>i) Authorized BMW Quantity Kg/Month (as per valid CCA)</b>			
<b>Yellow</b> 2.00000	<b>Red</b> 2.00000	<b>Blue</b> 1.00000	<b>White</b> 1.00000

**ii) Generation of BMW Quantity (kg/Month)****Yellow** 2.00000**Red** 2.00000**Blue** 1.00000**White** 1.00000**10) Details of the accident occurred during the year****i) Number of Accidents occurred****ii) Number of the persons affected****iii) Remedial Action taken (Please attach details if any)**

No

**iv) Any Fatality occurred, If yes details.**

No

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

No

**Place**

LATUR

**Designation**

AUTHORIZED SIGNATORY

**Date**

02-06-2023