

## Maharashtra Pollution Control Board महाराष्ट्र प्रदूषण नियंत्रण मंडळ

## Form - IV

Pio Modical W	Form - IV (See rule 13) aste Annual Return for the Cale	ander Vear 2024	
bio Medical W	aste Affilial Return for the Cale	ender Tear - 2024	
Application Type: HCF	Calender Year 2024	Submit To SRO-Mumbai IV	
Member of CBMWTF: Yes			
Type of Health Care Facility Bedded			
1) Particulars			
i) First Name KSHITIZ	ii) Middle Name A	iii) Last Name MURDIA	
iv) <b>Designation</b> DIRECTOR	v) Aadhaar No 205498194284	vi) PAN No AIPPM5516J	
vii) Address as per Aadhaar Card 9, GOVINDPURA COLONY, OPP. M B COLLEGE GROUND, MANWA KHERA, UDAIPUR - 313002	<b>viii) Tel. No.</b> 9664448090	ix) Fax No.	
x) e-mail licences.applications@indiraivf.in	xi) URL of website		
2) Details of Health Care Facility	•	•	
i) Name of the HCF INDIRA IVF HOSPITAL PVT LTD	ii) Email licences.applications@indira.in	iii) Name of the contact person Rahul Monde	
iv) Contact No. 7665054323		•	
3) Address of the Health Care Facility			
i) Building Name/Building No./Survey Number SHOP NO 2&3, BG1 FLOOR, AMBROSIA, DEVIPADA,	ii) Street / Village WESTERN EXPRESS HIGHWAY,	iii) City / Taluka BORIVALI	
iv) District Mumbai Suburban	v) Pin-Code Number 400066	vi) Near by Landmark	
vii) Latitude coordinate	viii) Longitude coordinate	ix) Ownership Private	
4) Details of valid Combined Consent and I	BMW Authorization (CCA)		
) CCA / Authorization No. JAN No.0000155107/CO/2304001866	<b>ii) Valid Upto</b> Jan 31 2029 12:00:00:AM		
5) Total No of Beds (As per valid Authoriza	) Total No of Beds (As per valid Authorization)		
6) Registration Number (e.g. Bombay Nurs	ing Home reg. no.,MSDC,MBTC)	887963097	
7) Registration Expiry Date		Mar 31 2026 12:00:00:AM	
8) Faculty of Medicine		•	

9) Details of membership of comm Yes	non bio-med	dical waste treatm	nent facility (CBMWTF)	
Name of CBMWTF M/s. SMS Envoclean		n Pvt. Ltd, Mumbai		
Membership Number 40016108		40016108		
Number of beds 10				
Validity of Membership		31-03-2025		
10) Details of BMW i) Authorized Bio Medical Waste Q	uantity Kg/	month (as per val	id CCA)	
<b>Yellow</b> 85.00000	Red 50.00000		<b>Blue</b> 2.00000	<b>White</b> 10.00000
ii) Bio Medical Waste Generated (	Kg/Month)			
<b>Yellow</b> 63.80000	<b>Red</b> 97.	10000	<b>Blue</b> 17.50000	<b>White</b> 3.00000
iii) Quantity of Biomedical waste	given to CB	MWTDF (kg/Month	1)	
<b>Yellow</b> 63.8000	<b>Red</b> 97.	1000	<b>Blue</b> 17.5000	<b>White</b> 3.0000
10.(a) General Solid Waste (kg/Mo	onth) 40.000	00		
11) Details trainings conducted or i) Number of trainings conducted 4		anagement.		
ii) Number of personnel trained 20				
iii) Number of personnel trained a	t the time (	of induction		
iv) number of personnel not unde 1	rgone any t	training so far		
v) whether standard manual for to Yes	raining is a	vailable?		
vi) any other information NA				
12) Details of the accident occurre i) Number of Accidents occurred	ed during t	he year		
ii) Number of the persons affected	d l			
iii) Remedial Action taken (Please	attach det	ails if any)		
iv) Any Fatality occurred, If yes de	etails.			
13) Details of Liquid waste genera	ated and tre	eatment methods	(STP and ETP)	
i) STP		No	Capacity (CM	D)
ii) ETP		No	Capacity (CM	D)
14) Is the disinfection method or s standards in a year? No	sterilization	n meeting the log	4 standards? How many time	es you have not met the
15) Whether HCE intended to Sale	e / Handove	r liquid BMW for F	&D purpose	

Place	Designation	Date	
MUMBAI	AUTHORIZED SIGNATORY	17-02-2025	