



# Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

## Form - IV

(See rule 13)

Bio Medical Waste Annual Return for the Calender Year - 2024

Application Type: HCF	Calender Year 2024	Submit To SRO-Mumbai III
Type of Health Care Facility Non Bedded		
1) Particulars		
i) First Name KSHITIZ	ii) Middle Name A	iii) Last Name MURDIA
iv) Designation 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	viii) Tel. No. 9664448090	ix) Fax No.
x) e-mail licences.applications@indiraivf.in	xi) URL of website	
2) Details of the Health Care Facility		
i) Name of the Health Care Facility INDIRA IVF HOSPITAL PVT LTD	ii) Email licences.applications@indiraivf.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 2nd floor, Kusumanjali Building, Gokhale Rd, near Allahabad Bank, Naupada,	ii) Street / Village Thane West, Thane, Maharashtra 400602	iii) City / Taluka MUMBAI
iv) District Mumbai Suburban	v) Pin-Code Number 400086	vi) Near by Landmark
vii) Latitude coordinate	viii) Longitude coordinate	ix) Ownership Private
4) Details of valid Combined Consent and BMW Authorization (CCA)		
i) CCA/ Authorization No. SRO-THANE I/BMW_AUTH/2407000171 - 202=4	ii) validity Date Jul 26 2027 12:00:00:AM	
5) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)		NA
6) Registration Expiry Date		Oct 1 2025 12:00:00:AM
7) Faculty of Medicine Medicine		
8) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of M/s.Mumbai Waste Management Ltd., Taloja		

<b>9) Details of BMW</b>			
<b>i) Authorized BMW Quantity Kg/Month (as per valid CCA)</b>			
<b>Yellow</b> 3.00000	<b>Red</b> 2.00000	<b>Blue</b> 1.00000	<b>White</b> 1.00000
<b>ii) Generation of BMW Quantity (kg/Month)</b>			
<b>Yellow</b> 1.92000	<b>Red</b> 1.20000	<b>Blue</b>	<b>White</b>
<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>			
No			
<b>iv) Any Fatality occurred, If yes details.</b>			
No			
<b>11) Whether HCE intended to Sale / Handover liquid BMW for R&amp;D purpose</b>			
No			
<b>Place</b> MUMBAI	<b>Designation</b> DIRECTOR	<b>Date</b> 18-02-2025	