

M/s. M/s. Superb Hygiene Disposals, Nanded

Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Form - IV

	Colombanyon	Code and Tr
Application Type: HCF	Calender Year 2024	Submit To SRO-Nanded
Type of Health Care Facility Non Bedded	_ 	. I
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 license@indiraivf.in	xi) URL of website	
2) Details of the Health Care Facility	•	
i) Name of the Health Care Facility INDIRA IVF CLINIC (A UNIT OF INDIRA IVF HOSPITAL LTD)	ii) Email license@indiraivf.in	iii) Name of the contact person Rahul Monde
iv) Contact No. 9821860093		
3) Address of the Health Care Facility		
i) Building Name/Building No./Survey Number 1st floor, Laxman Singh Ji Arcade,	ii) Street / Village Gurudwara Road	iii) City / Taluka NANDED
iv) District Nanded	v) Pin-Code Number 431601	vi) Near by Landmark
vii) Latitude coordinate	viii) Longitude coordinate	ix) Ownership Private
4) Details of valid Combined Consent and B	MW Authorization (CCA)	•
i) CCA/ Authorization No. SRO-CHHATRAPATI SAMBHAJINAGAR I/BMW_AUTH/2503000141 - 2025	ii) validity Date Mar 20 2028 12:00:00:AM	
5) Registration Number (e.g. Bombay Nursi	ing Home reg. no.,MSDC,MBTC)	USG/NWCMC/208
6) Registration Expiry Date		Jun 2 2025 12:00:00:AM
7) Faculty of Medicine Medicine		•

Yellow 10.00000	Red 7.00000	Blue 1.50000	White 2.00000
) Generation of BMW Quant	ity (kg/Month)		
Yellow 8.00000	Red 3.00000	Blue 1.00000	White 1.00000
) Number of Accidents occui	fected		
) Number of Accidents occur i) Number of the persons aff ii) Remedial Action taken (P	fected		
i) Number of Accidents occur ii) Number of the persons aff ii) Remedial Action taken (P No v) Any Fatality occurred, If y	red fected lease attach details if any)		
10) Details of the accident of it Number of Accidents occur ii) Number of the persons affiii) Remedial Action taken (PNo iv) Any Fatality occurred, If yNo 11) Whether HCE intended to No	red fected lease attach details if any)	for R&D purpose	