

M/s. Passco Environmental Solution, PMC

## Maharashtra Pollution Control Board

## महाराष्ट्र प्रदूषण नियंत्रण मंडळ

## Form - IV

| Application Type: HCE   | Calandar Vaar                                | Submit To                                      |  |
|---|--|--|--|
| Application Type: HCF   | Calender Year<br>2024                        | Submit To<br>SRO-Pune I                        |  |
| Type of Health Care Facility Non Bedded   |  |  |  |
| 1) Particulars  |  |  |  |
| i) First Name<br>AMOL   | ii) Middle Name<br>S                         | iii) Last Name<br>LUNKAD                       |  |
| iv) Designation<br>AUTHORISED SIGNATORY   | v) Aadhaar No<br>212025389732                | vi) PAN No<br>ACXPL2129E                       |  |
| vii) Address as per Aadhaar Card<br>CLUSTER 6, BUNGLO 12A, KUMAR CITY, KALYANI<br>NAGAR, WADGAON, PUNE - 411014 | viii) Tel. No.<br>9664448090                 | ix) Fax No.                                    |  |
| x) e-mail<br>licences.applications@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 licences.applications@indiraivf.in | iii) Name of the contact person<br>Rahul Monde |  |
| iv) Contact No.<br>9821860093   |  |  |  |
| 3) Address of the Health Care Facility  |  |  |  |
| i) Building Name/Building No./Survey<br>Number<br>2ND FLOOR, TIMES SQUARE BUILDING                              | ii) Street / Village<br>SWARGATE             | iii) City / Taluka<br>PUNE                     |  |
| iv) District<br>Pune  | v) Pin-Code Number<br>411037                 | vi) Near by Landmark                           |  |
| vii) Latitude coordinate  | viii) Longitude coordinate                   | ix) Ownership<br>Private                       |  |
| 4) Details of valid Combined Consent and BN   | 1W Authorization (CCA)                       |  |  |
| i) CCA/ Authorization No.<br>SRO-PUNE I/BMW_AUTH/2503000200 - 2025  | ii) validity Date<br>Mar 26 2028 12:00:00:AM |  |  |
| 5) Registration Number (e.g. Bombay Nursin  | g Home reg. no.,MSDC,MBTC)                   | 1512/2624                                      |  |
| 6) Registration Expiry Date   |  | May 7 2029 12:00:00:AM                         |  |
| 7) Faculty of Medicine  |  |  |  |

| 9) Details of BMW<br>) Authorized BMW Quantity                 | Kg/Month (as per valid CCA)  |                      |                       |
|--|------------------------------|----------------------|-----------------------|
| Yellow 10.00000  | <b>Red</b> 15.00000          | <b>Blue</b> 10.00000 | <b>White</b> 15.00000 |
| i) Generation of BMW Quant                                     | ity (kg/Month)               |                      |                       |
| <b>Yellow</b> 2.00000  | <b>Red</b> 7.00000           | <b>Blue</b> 3.00000  | <b>White</b> 1.00000  |
| ii) Number of the persons aff iii) Remedial Action taken (P No | lease attach details if any) |                      |                       |
| iv) Any Fatality occurred, If y<br>No                          | es details.                  |                      |                       |
|  | o Sale / Handover liquid BMW | for R&D purpose      |                       |
| No   |                              |                      |                       |