

Yes

Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Form - IV

Application Type: HCF	Calender Year 2023	Submit To SRO-Nagpur I
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) 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 Health Care Facility		<u>, I</u>
i) Name of the HCF INDIRA IVF HOSPITAL PVT LTD	ii) Email licences.applications@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, Nexus Point	ii) Street / Village Civil Lines	iii) City / Taluka NAGPUR
2011.00.7.107.00.1		
iv) District Nagpur	v) Pin-Code Number 440010	vi) Near by Landmark
iv) District		ix) Ownership Private
iv) District Nagpur	viii) Longitude coordinate	ix) Ownership
iv) District Nagpur vii) Latitude coordinate	viii) Longitude coordinate	ix) Ownership
iv) District Nagpur vii) Latitude coordinate 4) Details of valid Combined Consent and i) CCA / Authorization No.	440010 viii) Longitude coordinate BMW Authorization (CCA) ii) Valid Upto Jan 31 2026 12:00:00:AM	ix) Ownership
iv) District Nagpur vii) Latitude coordinate 4) Details of valid Combined Consent and i) CCA / Authorization No. SRO/UAN NO.0000188426/CO/2312002418	440010 viii) Longitude coordinate BMW Authorization (CCA) ii) Valid Upto Jan 31 2026 12:00:00:AM	ix) Ownership Private
iv) District Nagpur vii) Latitude coordinate 4) Details of valid Combined Consent and i) CCA / Authorization No. SRO/UAN NO.0000188426/CO/2312002418 5) Total No of Beds (As per valid Authorization Authorization Authorization No.	440010 viii) Longitude coordinate BMW Authorization (CCA) ii) Valid Upto Jan 31 2026 12:00:00:AM	ix) Ownership Private

Name of CBMWTF	ame of CBMWTF M/s. M/s. Superb H		Hygiene Disposals, Nagp	 our	
Membership Number		NGHP0786			
Number of beds		13			
Validity of Membership		31-12-2024			
10) Details of BMW i) Authorized Bio Medical Waste	Quantity Kg	/month (as per	valid CCA)		
Yellow 1608.00000	Red 1	1380.00000 Blue 1.00000 White 72.00000			
ii) Bio Medical Waste Generated	(Kg/Month)				
Yellow 265.00000	Red 25.00000		Blue 25.00000	White 25.00000	
iii) Quantity of Biomedical waste	given to CB	MWTDF (kg/Mo	nth)		
Yellow 265.0000	Red 25.0000		Blue 25.0000	White 25.0000	
10.(a) General Solid Waste (kg/M	1onth) 40.000	00			
11) Details trainings conducted (i) Number of trainings conducted 4		anagement.			
ii) Number of personnel trained					
40					
iii) Number of personnel trained40	at the time	of induction			
iv) number of personnel not und 4	ergone any t	training so far			
v) whether standard manual for No	training is a	vailable?			
vi) any other information nA					
12) Details of the accident occur i) Number of Accidents occurred	red during t	he year			
ii) Number of the persons affecte	ed				
iii) Remedial Action taken (Pleas No	e attach det	ails if any)			
iv) Any Fatality occurred, If yes o	details.				
13) Details of Liquid waste gene	rated and tr	eatment metho	ds (STP and ETP)		
i) STP		No	Сара	Capacity (CMD)	
ii) ETP		Yes	Capa 500	Capacity (CMD) 500	
14) Is the disinfection method or standards in a year?	r sterilization	n meeting the lo	og 4 standards? How m	any times you have not met the	
15) Whether HCE intended to Sa No	le / Handove	er liquid BMW fo	r R&D purpose		
Place NAGPUR		Designation	Date	e	