

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

## Maharashtra Pollution Control Board महाराष्ट्र प्रदूषण नियंत्रण मंडळ

## Form - IV

Application Type: HCF	Calender Year 2023	Submit To SRO-Nanded	
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. 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	BMW Authorization (CCA)		
i) CCA/ Authorization No. MPCB-BMW_AUTH-0000044249	<b>ii) validity Date</b> May 22 2025 12:00:00:AM		
5) Registration Number (e.g. Bombay Nurs	sing Home reg. no.,MSDC,MBTC)	NA	
6) Registration Expiry Date		Dec 31 2037 12:00:00:AM	

Yellow 10.00000	Red 7.00000	Blue 1.50000	White 2.00000
10.00000	<b>Red</b> 7.00000	<b>Bide</b> 1.30000	<b>Wille</b> 2.00000
) Generation of BMW Quanti	ty (kg/Month)		
<b>Yellow</b> 10.00000	<b>Red</b> 7.00000	<b>Blue</b> 1.50000	White 2.00000
) Number of the persons affe	ected		
i) Number of the persons affe ii) Remedial Action taken (Ple No v) Any Fatality occurred, If ye	ected ease attach details if any)		
i) Number of the persons affer ii) Remedial Action taken (Plealo v) Any Fatality occurred, If ye	ected ease attach details if any) es details.	Con DC D control	
i) Number of Accidents occurrii) Number of the persons affeiii) Remedial Action taken (Ple No iv) Any Fatality occurred, If you	ected ease attach details if any) es details.	for R&D purpose	