

Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Bio Medical Wa	Form - IV (See rule 13) ste Annual Return for the Caler	nder Year - 2023			
Application Type: HCF	Calender Year 2023	Submit To SRO-Pimpri Chinchwad			
Type of Health Care Facility Non Bedded		1			
1) Particulars					
i) First Name MITESH	ii) Middle Name D	iii) Last Name DAVE			
iv) Designation AUTHORISED SIGNATORY	v) Aadhaar No 380766503256	vi) PAN No AIPPM5516J			
vii) Address as per Aadhaar Card A 302, RAJ GRANDEUR, BEHIND HIRANANDANI HOSPITAL, POWAI, MUMBAI - 400076	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 CLINIC	ii) Email licences.applications@indiraivf.in	iii) Name of the contact person RHUAL MONDE			
iv) Contact No. 7665054323		-			
3) Address of the Health Care Facility					
i) Building Name/Building No./Survey Number INDIRA IVF CLINIC (A UNIT OF INDIRA IVF HOSPITAL PVT LTD) SHOP NO. 101, 1ST FLOOR, COMMERCIAL BULDING, DWARKASAI SOCITY, GODAMBE CHOWK	ii) Street / Village RAHATANI	iii) City / Taluka PIMPRI			
iv) District Pune	v) Pin-Code Number 411017	vi) Near by Landmark			
vii) Latitude coordinate	viii) Longitude coordinate	ix) Ownership Private			
4) Details of valid Combined Consent and B	W Authorization (CCA)				
i) CCA/ Authorization No. MPCB-BMW_AUTH-0000046998	ii) validity Date Dec 5 2025 12:00:00:AM				
5) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)		NA			
6) Registration Expiry Date		Nov 1 2027 12:00:00:AM			
7) Faculty of Medicine Medicine					
8) Name of the Common Bio-Medical Waste M/s. Passco Environmental Solution, PCMC	Treatment Facility Operator throu	ugh which wastes are disposed of			

9) Details of BMW i) Authorized BMW Quantity	Kg/Month (as per valid CCA)		
Yellow 2.00000	Red 2.00000	Blue 1.00000	White 1.00000
ii) Generation of BMW Quant	tity (kg/Month)		i
Yellow 2.00000	Red 1.00000	Blue 1.00000	White 1.00000
ii) Number of the persons af iii) Remedial Action taken (P No			
iv) Any Fatality occurred, If	yes details.		
	o Sale / Handover liquid BMV	/ for R&D purpose	
Place PIMPRI	Designatio AUTHORIZE		5-2024