



Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Form - IV

(See rule 13)

Bio Medical Waste Annual Return for the Calender Year - 2024

Application Type: HCF	Calender Year 2024	Submit To SRO-Pune I
Member of CBMWTF: Yes		
Type of Health Care Facility Bedded		
1) Particulars		
i) First Name Rakesh	ii) Middle Name bhanudas	iii) Last Name gaikwad
iv) Designation supersior	v) Aadhaar No 897119765517	vi) PAN No BKZPG9314H
vii) Address as per Aadhaar Card Shivaji putala javal, new copre, taluka haveli Pune	viii) Tel. No. 9623610450	ix) Fax No.
x) e-mail it@nioeyes.com	xi) URL of website www.nioeyes.com	
2) Details of Health Care Facility		
i) Name of the HCF national institute of Ophthalmology and Jai and aditya kelkar eye care and laser institute pvt ltd	ii) Email it@nioeyes.com	iii) Name of the contact person rakesh Gaikwad
iv) Contact No. 8600005527		
3) Address of the Health Care Facility		
i) Building Name/Building No./Survey Number 376,sind society bremen square	ii) Street / Village aundh	iii) City / Taluka pune
iv) District Pune	v) Pin-Code Number 411007	vi) Near by Landmark
vii) Latitude coordinate	viii) Longitude coordinate	ix) Ownership Municipal Corporation
4) Details of valid Combined Consent and BMW Authorization (CCA)		
i) CCA / Authorization No. SRO/PUNE-I/AMENDMENT/2410000024	ii) Valid Upto Dec 31 2025 12:00:00:AM	
5) Total No of Beds (As per valid Authorization)		10
6) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)		LCBP201600142
7) Registration Expiry Date		Mar 31 2026 12:00:00:AM
8) Faculty of Medicine		
9) Details of membership of common bio-medical waste treatment facility (CBMWTF) No		

10) Details of BMW**i) Authorized Bio Medical Waste Quantity Kg/month (as per valid CCA)**

Yellow 34.00000	Red 24.16000	Blue 1.58000	White 1.00000
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ii) Bio Medical Waste Generated (Kg/Month)

Yellow 88.70000	Red 91.72000	Blue 5.87000	White 2.19000
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iii) Quantity of Biomedical waste given to CBMWTDF (kg/Month)

Yellow 88.7000	Red 91.7200	Blue 5.8700	White 2.1900
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10.(a) General Solid Waste (kg/Month) 1.0000**11) Details trainings conducted on BMW****i) Number of trainings conducted on BMW Management.**

1

ii) Number of personnel trained

1

iii) Number of personnel trained at the time of induction

4

iv) number of personnel not undergone any training so far

1

v) whether standard manual for training is available?

Yes

vi) any other information

NO

12) Details of the accident occurred during the year**i) Number of Accidents occurred****ii) Number of the persons affected****iii) Remedial Action taken (Please attach details if any)**

No

iv) Any Fatality occurred, If yes details.

No

13) Details of Liquid waste generated and treatment methods (STP and ETP)

i) STP	No	Capacity (CMD)
ii) ETP	No	Capacity (CMD)

14) Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?

No

15) Whether HCE intended to Sale / Handover liquid BMW for R&D purpose

No

Place pUNE	Designation SUPERVISIOR	Date 06-02-2025
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