



Form - IV
(See rule 13)
Bio Medical Waste Annual Return for the Calender Year - 2021

Application Type: HCF		Calender Year 2021	Submit To SRO-Pune I
Member of CBMWTF: Yes			
Type of Health Care Facility Bedded			
1) Particulars			
i) First Name SHIALESH	ii) Middle Name PADMAKAR	iii) Last Name PUNTAMBEKAR	
iv) Designation DOCTOR	v) Aadhaar No [REDACTED] 28607	vi) PAN No [REDACTED] 962M	
vii) Address as per Aadhaar Card 29 RENUKA, KALARANG SOC. ERANDWANE, PUNE	viii) Tel. No. 9822097687	ix) Fax No. 02025466122	
x) e-mail chippav71@gmail.com	xi) URL of website		
2) Details of Health Care Facility			
i) Name of the HCF GALAXY CARE MULTISPECIALITY HOSPITAL PVT LTD	ii) Email chippav71@gmail.com	iii) Name of the contact person Dr Vinod Chippa	
iv) Contact No. 9822097687			
3) Address of the Health Care Facility			
i) Building Name/Building No./Survey Number 24-A	ii) Street / Village Karve Road	iii) City / Taluka PUNE	
iv) District Pune	v) Pin-Code Number 411004	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. 2001001777	ii) Valid Upto Oct 31 2023 12:00:00:AM		
5) Total No of Beds (As per valid Authorization)		100	
6) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)		LCBP-2012-00069	
7) Registration Expiry Date		Mar 31 2025 12:00:00:AM	
8) Faculty of Medicine 1			
9)Whether HCE Having Captive Treatment Facility No			
10) Details of BMW			
i) Authorized Bio Medical Waste Quantity Kg/month (as per valid CCA)			
Yellow 5316.34500	Red 6827.32500	Blue 1122.99000	White 420.72000

ii) Bio Medical Waste Generated (Kg/Month)				
Yellow 443.02800	Red 568.90000	Blue 93.58000	White 35.06000	
iii) Quantity of Biomedical waste given to CBMWTF (kg/Month)				
Yellow 443.0280	Red 568.9000	Blue 93.5800	White 35.0600	General Solid Waste 10.0000
11) Details trainings conducted on BMW				
i) Number of trainings conducted on BMW Management. 12				
ii) Number of personnel trained 50				
iii) Number of personnel trained at the time of induction 50				
iv) number of personnel not undergone any training so far				
v) whether standard manual for training is available? Yes				
vi) any other information NILL				
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) Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? No				
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 DOCTOR		Date 05-07-2022	