

| | Form - IV (See rule 13) | | |
|--|---|--|--|
| Bio Medicai wa: | ste Annual Return for the Cale | nder Year - 2023 | |
| Application Type: HCF | Calender Year 2023 | Submit To SRO-Aurangabad I | |
| Member of CBMWTF: Yes | | | |
| Type of Health Care Facility Bedded | | | |
| 1) Particulars | | | |
| i) First Name Unmesh | ii) Middle Name Vidyadhar | iii) Last Name Takalkar | |
| iv) Designation Director | v) Aadhaar No | vi) PAN No | |
| vii) Address as per Aadhaar Card Falt No. B-5, Sadaphuli Apartment, Rana Nagar, Aurangabad | viii) Tel. No. 9822042425 | ix) Fax No. 00 | |
| x) e-mail takalkar.unmesh@gmail.com | xi) URL of website NA | | |
| 2) Details of Health Care Facility | | | |
| i) Name of the HCF Ciigma Institute of Medical Sciences Pvt Ltd | ii) Email takalkar.unmesh@gmail.com | iii) Name of the contact person Dr. Unmesh Takalkar | |
| iv) Contact No. 9822042425 | | -1 | |
| 3) Address of the Health Care Facility | <u></u> | | |
| i) Building Name/Building No./Survey Number Plot No. 03, Raghuveer Nagar, Jalna Road, Aurangabad. | ii) Street / Village Jalna Road | iii) City / Taluka Aurangbad | |
| iv) District Chatrapati Sambhaji Nagar | v) Pin-Code Number 431001 | vi) Near by Landmark | |
| vii) Latitude coordinate 00 | viii) Longitude coordinate | ix) Ownership Private | |
| 4) Details of valid Combined Consent and BM | MW Authorization (CCA) | | |
| i) CCA / Authorization No Format1.0/RO/UAN No.0000143495/CR/2303001247 | ii) Valid Upto Oct 31 2030 12:00:00:AM | | |
| 5) Total No of Beds (As per valid Authorization) | | 30 | |
| 6) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC) | | 427 | |
| 7) Registration Expiry Date | | Mar 31 2026 12:00:00:AM | |
| 8) Faculty of Medicine | | • | |
| 9) Details of membership of common bio-me Yes | edical waste treatment facility (C | BMWTF) | |
| Name of CBMWTF | M/s. Water Grace Products , Aurangabad | | |
| Membership Number | 00 | | |

| Number of beds | 30 | 30 | | |
|--|------------------------------|---------------------------|----------------------------|--|
| Validity of Membership | 31-12-2024 | 31-12-2024 | | |
| 10) Details of BMW i) Authorized Bio Medical Wast | te Quantity Kg/month (as pe | er valid CCA) | | |
| Yellow 90.00000 | Red 150.00000 | Blue 110.00000 | White 70.00000 | |
| ii) Bio Medical Waste Generate | ed (Kg/Month) | | | |
| Yellow 68.00000 | Red 102.66000 | Blue 106.00000 | White 64.00000 | |
| iii) Quantity of Biomedical was | ste given to CBMWTDF (kg/N | lonth) | | |
| Yellow 68.0000 | Red 102.6600 | Blue 106.0000 | White 64.0000 | |
| 10.(a) General Solid Waste (kg | g/Month) 55.0000 | | | |
| 11) Details trainings conducte i) Number of trainings conduct | | | | |
| ii) Number of personnel traine | ed | | | |
| iii) Number of personnel traine | ed at the time of induction | | | |
| iv) number of personnel not u | ndergone any training so fa | r | | |
| v) whether standard manual fo No | or training is available? | | | |
| vi) any other information 00 | | | | |
| 12) Details of the accident occ i) Number of Accidents occurre | | | | |
| ii) Number of the persons affe | cted | | | |
| iii) Remedial Action taken (Ple No | ase attach details if any) | | | |
| iv) Any Fatality occurred, If ye No | s details. | | | |
| 13) Details of Liquid waste ge | nerated and treatment meth | nods (STP and ETP) | | |
| STP No | | Capacity 15 | Capacity (CMD) 15 | |
| ii) ETP | No | Capacity 35 | Capacity (CMD) 35 | |
| 14) Is the disinfection method standards in a year? No | or sterilization meeting the | log 4 standards? How many | times you have not met the | |
| 15) Whether HCE intended to S | Sale / Handover liquid BMW | for R&D purpose | | |
| Place | Designation | Date 08-03-203 | | |