

	Form - IV		
Pio Modical Wa	(See rule 13)		
BIO Medical vva:	ste Annual Return for the Cale	nder Year - 2023	
Application Type: HCF	Calender Year 2023	Submit To SRO-Aurangabad I	
Member of CBMWTF: Yes	J	_1	
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 4104	vi) PAN No 67H	
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 United CIIGMA Nursing Home UNITED CIIGMA HOSPITALS HEALTHCARE PVT LTD	ii) Email takalkar.unmesh@gmail.com	iii) Name of the contact person Dr. Unmesh Takalkar	
iv) Contact No. 9822042425		-	
3) Address of the Health Care Facility	_		
i) Building Name/Building No./Survey Number Plot No. 30, Sr. No. 10, Near UNITED CIIGMA HOSPITAL,	ii) Street / Village Shahanoorwadi Dargah Road,	iii) City / Taluka Aurangbad	
iv) District Chatrapati Sambhaji Nagar	v) Pin-Code Number 431001	vi) Near by Landmark	
vii) Latitude coordinate	viii) Longitude coordinate	ix) Ownership Private	
4) Details of valid Combined Consent and BN	MW Authorization (CCA)		
i) CCA / Authorization No. Format1.0/RO/UAN No.0000143500/CR/2303001825	ii) Valid Upto Aug 31 2025 12:00:00:AM		
5) Total No of Beds (As per valid Authorizati	ion)	175	
6) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)		556	
7) Registration Expiry Date		Mar 31 2024 12:00:00:AM	
8) Faculty of Medicine		<u> </u>	
9) Details of membership of common bio-me Yes	edical waste treatment facility (C	BMWTF)	
Name of CBMWTF	M/s. Water Grace Products , Aurangabad		
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Membership Number

Number of beds	35	35		
Validity of Membership	31-12-2024			
10) Details of BMW i) Authorized Bio Medical Wast	e Quantity Kg/month (as p	per valid CCA)		
Yellow 105.00000	Red 50.00000	Blue 10.00000	White 15.00000	
ii) Bio Medical Waste Generate	ed (Kg/Month)			
Yellow 40.00000	Red 20.00000	Blue 5.00000	White 5.00000	
iii) Quantity of Biomedical was	te given to CBMWTDF (kg	/Month)		
Yellow 40.0000	Red 20.0000	Blue 5.0000	White 5.0000	
10.(a) General Solid Waste (kg	/Month) 55.0000			
11) Details trainings conducted i) Number of trainings conduct 4				
ii) Number of personnel traine	d			
iii) Number of personnel traine 23	d at the time of induction			
iv) number of personnel not ur	ndergone any training so f	ar		
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 affec	cted			
iii) Remedial Action taken (Ple No	ase attach details if any)			
iv) Any Fatality occurred, If yes	s details.			
13) Details of Liquid waste ger	nerated and treatment me	thods (STP and ETP)		
i) STP	No	Capacity 50	Capacity (CMD) 50	
ii) ETP	No	Capacity 35	Capacity (CMD) 35	
14) Is the disinfection method standards in a year? No	or sterilization meeting th	ne log 4 standards? How many	times you have not met the	
15) Whether HCE intended to S No	Sale / Handover liquid BM\	W for R&D purpose		
Place	Designatio Director	Date 08-03-20		