Form - IV (See rule 13) Bio Medical Waste Annual Return for the Calender Year - 2021 Application Type: HCF Calender Year Submit To SRO-Nashik 2021 Member of CBMWTF: Yes Type of Health Care Facility Bedded 1) Particulars ii) Middle Name i) First Name iii) Last Name VASANTRAO NAGARKAR v) Aadhaar No vi) PAN No iv) Designation vii) Address as per Aadhaar Card viii) Tel. No. ix) Fax No. xi) URL of website x) e-mail hr1@manavatacancercentre.com 2) Details of Health Care Facility i) Name of the HCF ii) Email iii) Name of the contact person HCG MANAVATA CANCER CENTRE Mr Nitin Badgujar hr1@manavatacancercentre.com iv) Contact No. 3) Address of the Health Care Facility ii) Street / Village iii) City / Taluka i) Building Name/Building No./Survey NASHIK SHIVAR, MUMBAI NAKA NASHIK HCG MANAVATA CANCER CENTER iv) District v) Pin-Code Number vi) Near by Landmark Nashik 422002 ix) Ownership vii) Latitude coordinate viii) Longitude coordinate Private 4) Details of valid Combined Consent and BMW Authorization (CCA) i) CCA / Authorization No. ii) Valid Upto Format1.0/BO/PSO/HOD/2003001377 Feb 1 2023 12:00:00:AM 5) Total No of Beds (As per valid Authorization) 75 6) Registration Number (e.g. Bombay Nursing Home reg. no., MSDC, MBTC) 847 7) Registration Expiry Date Mar 31 2024 12:00:00:AM 8) Faculty of Medicine 9) Details of membership of common bio-medical waste treatment facility (CBMWTF) Name of CBMWTF

01-01-1970

Membership Number

Validity of Membership

Number of beds

10) Details of BMW i) Authorized Bio Medical Waste Quantity Kg/month (as per valid CCA)				
Yellow 4.00000	Red 3.00000	Blue 2.00000	White 1.00000	
ii) Bio Medical Waste Generated (Kg/Month)				
Yellow 29.00000	Red 20.00000	Blue 8.00000	White 9.00000	
iii) Quantity of Biomedical waste given to CBMWTDF (kg/Month)				
Yellow 29.0000	Red 20.0000	Blue	White 9.0000	
10.(a) General Solid Waste (kg/Month) 15.0000				
11) Details trainings conducted on BMW i) Number of trainings conducted on BMW Management. 60				
ii) Number of personnel trained 100				
iii) Number of personnel trained at the time of induction 20				
iv) number of personnel not undergone any training so far				
v) whether standard manual for training is available? Yes				
vi) any other information NA				
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	Сар	acity (CMD)	
ii) ETP	No	Сар	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 NASHIK	Designation MANAGER	Date 25-0	e 11-2022	