## Form - IV (See rule 13) Bio Medical Waste Annual Return for the Calender Year - 2020 Calender Year Submit To SRO-Nashik 2020 Member of CBMWTF: Yes Type of Health Care Facility Bedded ii) Middle Name iii) Last Name VASANTRAO NAGARKAR v) Aadhaar No vi) PAN No vii) Address as per Aadhaar Card viii) Tel. No. ix) Fax No. xi) URL of website facilityhead.hcgmanavata@gmail.com 2) Details of Health Care Facility ii) Email iii) Name of the contact person HCG MANAVATA CANCER CENTRE facilityhead.hcgmanavata@gmail. Mr.Mukund Halkare 3) Address of the Health Care Facility iii) City / Taluka i) Building Name/Building No./Survey ii) Street / Village NASHIK SHIVAR, MUMBAI NAKA NASHIK v) Pin-Code Number vi) Near by Landmark 422010 ix) Ownership viii) Longitude coordinate Private

## Number HCG MANAVATA CANCER CENTER iv) District Nashik vii) Latitude coordinate 4) Details of valid Combined Consent and BMW Authorization (CCA) i) CCA / Authorization No. ii) Valid Upto Format 1.0/BO/PSO/CC-1906001239 Jun 12 2022 12:00:00:AM 5) Total No of Beds (As per valid Authorization) 200 6) Registration Number (e.g. Bombay Nursing Home reg. no., MSDC, MBTC) 1735 7) Registration Expiry Date Mar 31 2021 12:00:00:AM 8) Faculty of Medicine

9) Details of membership of common bio-medical waste treatment facility (CBMWTF)
No

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Application Type: HCF

1) Particulars

i) First Name

iv) Designation

x) e-mail

i) Name of the HCF

iv) Contact No.

i) Authorized Bio Medical Waste Quantity Kg/month (as per valid CCA)

<b>Yellow</b> 8.88000	Red 5.10000	<b>Blue</b> 0.00000	<b>White</b> 1.44000

ii) Bio Medical Waste Generated (Kg/Month)							
<b>Yellow</b> 32.00000	Red 30.00000	<b>Blue</b> 12.0000	White 12.00000				
iii) Quantity of Biomedical waste given to CBMWTDF (kg/Month)							
<b>Yellow</b> 32.0000	<b>Red</b> 30.0000	<b>Blue</b> 12.0000	White 12.0000				
10.(a) General Solid Waste (kg/Month) 35.0000							
11) Details trainings conducted on BMW i) Number of trainings conducted on BMW Management. 7							
ii) Number of personnel trained 70							
iii) Number of personnel trained at the time of induction							
iv) number of personnel not underg	one 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 a No	ttach details if any)						
iv) Any Fatality occurred, If yes details.							
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 ste standards in a year? No	erilization meeting the log	4 standards? How ma	ny times you have not met the				
15) Whether HCE intended to Sale / Handover liquid BMW for R&D purpose No							
Place NASHIK	<b>Designation</b> MANAGER		<b>Date</b> 15-01-2021				