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Bio Medical Wa	Form - IV (See rule 13) ste Annual Return for the Cale	nder Year - 2020		
Application Type: HCF	Calender Year 2020	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 236101024104	vi) PAN No AARPT5267H		
vii) Address as per Aadhaar Card Falt No. B-5, Sadaphuli Apartment, Rana Nagar, Aurangabad	viii) Tel. No. 9822042425	ix) Fax No. 000		
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 institute of Medical Science 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. 6,7, Sr. No/.10	ii) Street / Village Sarga Road	iii) City / Taluka Aurangabad		
iv) District Aurangabad	v) Pin-Code Number 431001	vi) Near by Landmark		
vii) Latitude coordinate 00	viii) Longitude coordinate 00	ix) Ownership Private		
4) Details of valid Combined Consent and Bl	MW Authorization (CCA)			
i) CCA / Authorization No. 1904000269	ii) Valid Upto 2023-10-31			
5) Total No of Beds (As per valid Authorization)		99		
6) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)		00		
7) Registration Expiry Date		2023-03-31		
8) Faculty of Medicine				

## 11) Details of BMW

i) Authorized BMW Quantity MT/month (as per valid CCA)

**9)Whether HCE Having Captive Treatment Facility** No

<b>Yellow</b> 125.00000	<b>Red</b> 75.00000	<b>Blue</b> 45.00000	White 85.00000
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i) Generation of BMW Qu	antity (kg/day)		1			
<b>Yellow</b> 114.00000	Red 6	Red 62.00000		00	<b>White</b> 45.00000	
ii) Quantity of Biomedica	l waste given to C	BMWTDF (kg/day	)			
<b>Yellow</b> 114.0000	<b>Red</b> 62.0000	Red 62.0000 Blue W		Genera	l Solid Waste 125.0000	
(2) Details trainings cond ) Number of trainings co		lanagement.				
i) Number of personnel t 0	rained					
ii) Number of personnel t 0	rained at the time	of induction				
v) number of personnel r	ot undergone any	training so far				
) whether standard man	ual for training is	available?				
<b>i) any other information</b> A						
3) Details of the accident Number of Accidents of		the year				
) Number of the persons	affected					
<b>i) Remedial Action taker</b> o	(Please attach de	etails if any)				
<b>v) Any Fatality occurred,</b> O	If yes details.					
<b>4) Liquid waste generat</b> es 2	ed and treatment	methods in place	. How many times	you have no	ot met the standards in a yea	
5) Is the disinfection me tandards in a year?	thod or sterilization	on meeting the lo	g 4 standards? Ho	w many tim	es you have not met the	
<b>6) Whether HCE intende</b>	d to Sale / Handov	er liquid BMW fo	r R&D purpose			
Place Aurangabad		Designation		Date		