

	Form - IV (See rule 13)		
Bio Medical Wa	ste Annual Return for the Cale	ender Year - 2021	
Application Type: HCF	Calender Year 2021	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)		529	
7) Registration Expiry Date		2022-03-31	
8) Faculty of Medicine			
9)Whether HCE Having Captive Treatment F No	acility		
11) Details of BMW i) Authorized BMW Quantity MT/month (as p	per valid CCA)		
1 1 II	ll e	II I	

Yellow 125.00000

Red 75.00000

Blue 45.00000

White 85.00000

) Generation of BMW Qu	antity (kg/day)		1		ı	
Yellow 118.00000	Red 68.00000		Blue 35.00000		White 71.00000	
i) Quantity of Biomedica	l waste given to CE	BMWTDF (kg/day)				
Yellow 118.0000	Red 69.0000 Blue V		White 71.0000 Genera		al Solid Waste 150.0000	
2) Details trainings cond Number of trainings co		lanagement.				
) Number of personnel t 0	rained					
i) Number of personnel to 0	rained at the time	of induction				
/) number of personnel i	ot undergone any	training so far				
) whether standard man 0	ual for training is a	available?				
i) any other information A						
3) Details of the accider Number of Accidents of		the year				
) Number of the persons	affected					
i) Remedial Action taker	(Please attach de	tails if any)				
/) Any Fatality occurred, 0	If yes details.					
4) Liquid waste generat es 2	ed and treatment n	nethods in place.	How many times	you have no	ot met the standards in a year	
5) Is the disinfection me tandards in a year? 0	thod or sterilizatio	n meeting the lo	g 4 standards? Ho	w many tim	es you have not met the	
6) Whether HCE intende 0	d to Sale / Handove	er liquid BMW for	R&D purpose			
Place		Designation		Date		