

Form - IV (See rule 13) Bio Medical Waste Annual Return for the Calender Year - 2021 **Application Type: Industry** Calender Year Submit To SRO-Mumbai I 2021 1) Particulars i) First Name ii) Middle Name iii) Last Name Dr Manoi Dabholkar iv) Designation vi) PAN No v) Aadhaar No Group Head - Medical vii) Address as per Aadhaar Card viii) Tel. No. ix) Fax No. 9819606735 9819606735 x) e-mail xi) URL of website manoj.dabholkar@tatapower.com www.tatapower.com 2) Details of the Industry i) Name of the Industry ii) Email iii) Name of the contact person The TATA Power Medical Centre Dharavi manoj.dabholkar@tatapower.com Dr Manoj Dabholakr **Receving Station** iv) Contact No. 9819606735 3) Address of the Industry i) Building Name/Building ii) Street / Village iii) City / Taluka No./Survey Number Matunga Mumbai The TATA Power Co Ltd, Dharavi Medical Centre iv) District v) Pin-Code Number vi) Near by Landmark Mumbai city vii) Latitude coordinate viii) Longitude coordinate ix) Ownership 190005.7 Private **Details of valid Combined Consent and BMW Authorization (CCA)** i)Authorization No. ii)Authorization validity Date MPCB-BMW AUTH-0000025870 2022-12-31 5) Status of Consents under Water Act and Air Act ii)Consent validity Date i)Consent Number 2022-12-31 6) Total No of Beds (As per valid Authorization) 7) Registration Number (e.g. Bombay Nursing Home reg. no., MSDC, MBTC) NA 8) Registration Expiry Date 2022-12-31 9) Faculty of Medicine Medical 10) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of M/s. SMS Envoclean Pvt. Ltd, Mumbai 11) Details of BMW i) Authorized BMW Quantity Kg/month (as per valid CCA)

Blue 0.50000

White 1 00000

Yellow 3,00000

Red 2,00000

ii) Bio Medical Waste Gene	erated (Kg/month)					
Yellow 0.75100		Red 0.11300		Blue 0.01200		White
iii) Quantity of Biomedical	waste given to CBMW	TDF (kg/Mont	h)			
Yellow 0.7510	Red 0.1130		Blue White 0.0120		General Solid Waste	
12) Details trainings condi) Number of trainings con		gement.				
ii) Number of personnel tr	ained					
iii) Number of personnel t	rained at the time of i	nduction				
iv) number of personnel n	ot undergone any trai	ning so far				
v) whether standard manu Yes	ial for training is avail	able?				
vi) any other information NA						
13) Details of the accident i) Number of Accidents oc		/ear				
ii) Number of the persons	affected					
iii) Remedial Action taken No	(Please attach details	if any)				
iv) Any Fatality occurred, No	lf yes details.					
14) Liquid waste generate No	d and treatment meth	ods in place. I	How many	times you have	not met the stand	dards in a year?
15) Is the disinfection met a year? No	hod or sterilization m	eeting the log	4 standa	ds? How many ti	mes you have not	t met the standards in
17) Whether HCE intended No	l to Sale / Handover lid	quid BMW for	R&D purp	ose		
Place Mumbai	Designati Group Hea			Date 07-0	e 4-2022	