

			1 - IV ule 13)				
Bio Mo	edical W	aste Annual Retu	•	ler Year - 2	2023		
Application Type: HCF		Calender Year 2023 Submit To SRO-Raigad I		d I			
Type of Health Care Facility Non B	edded			<u> </u>			
1) Particulars							
i) First Name Fulendra		ii) Middle Name kumar		iii) Last N Dhurandha			
iv) Designation Head - Bhivpuri & Khopoli Hydro Powe	er Plant	v) Aadhaar No 662066087754		vi) PAN No AFRPD7122A			
vii) Address as per Aadhaar Card "Ribg Road No-1 Prince Colony , Laxm Near Pachapedi Naka ,Raipur, Chhatti 492001"		viii) Tel. No. 8262844457		ix) Fax No. 8262844457			
x) e-mail fulendra.dhurandhar@tatapower.com		xi) URL of website https://www.tatapower.com					
2) Details of the Health Care Faci	lity	<u> </u>		<u> </u>			
i) Name of the Health Care Facility The TATA Power Co Ltd Bhivpuri Hydro Power Station		ii) Email fulendra.dhurandhar@tatapower.com		iii) Name of the contact person Fulendra Dhurandhar			
iv) Contact No. 8262844457				•			
3) Address of the Health Care Fac	ility						
i) Building Name/Building No./Survey Number The TATA Power Co Ltd. Bhivpuri Hydro Power Station		ii) Street / Village At Post Bhivpuri		iii) City / Taluka Karjat			
iv) District Raigad		v) Pin-Code Number 410201		vi) Near by Landmark			
vii) Latitude coordinate 18936199		viii) Longitude co 73452401	ordinate	ix) Ownership Private			
4) Details of valid Combined Cons	ent and	BMW Authorization	(CCA)	•			
i) CCA/ Authorization No. MPCB-BMW_AUTH-0000050891		ii) validity Date Mar 9 2027 12:00:00:AM					
5) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)			MSDC,MBTC)	NA			
6) Registration Expiry Date				Mar 9 2027 12:00:00:AM			
7) Faculty of Medicine Medicine							
8) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of M/s.Mumbai Waste Management Ltd., Taloja							
9) Details of BMW i) Authorized BMW Quantity Kg/Month (as per valid CCA)							
Yellow 1.00000	Red 1	00000	Blue 0.50000		White 1.00000		

ii) Generation of BMW Quantity (k	g/Month)						
Yellow 0.30000	Red	Blue	White				
10) Details of the accident occurred i) Number of Accidents occurred	ed during the year						
ii) Number of the persons affected	t						
iii) Remedial Action taken (Please No	attach details if any)						
iv) Any Fatality occurred, If yes do	etails.						
11) Whether HCE intended to Sale / Handover liquid BMW for R&D purpose No							
Place Bhivpuri	Designation Head - Bhivpuri	Date 21-03-2	024				