	Form - IV (See rule 13)								
Bio Me	edical Waste Annual Return for the Cal	ender Year - 2022							
Application Type: Industry	Calender Year 2022	Submit To SRO-Mumbai I							
1) Particulars	I								
i) First Name Dr Manoj	ii) Middle Name B	iii) Last Name Dabholkar							
iv) Designation Head -Medical Dharavi Receiving Station	v) Aadhaar No 000000000000	vi) PAN No 000000000							
vii) Address as per Aadhaar Card Building No 6-A, Flat no 1104, New Mahada Cpmplex Swami Samarth Nagar Anderi (W) Azad Nagar Mumbai	viii) Tel. No. 9819606735	ix) Fax No. 9819606735							
x) e-mail manoj.dabholkar@tatapower.com	xi) URL of website www.tatapower.com								
2) Details of the Industry									
i) Name of the Industry The Tata Power Company Limited Dharavi RS shalimar ind area matunga mumbai	ii) Email manoj.dabholkar@tatapower.com	iii) Name of the contact person Dr Manoj Dabholkar							
iv) Contact No. 9819606735		I							
3) Address of the Industry									
i) Building Name/Building No./Survey Number The Tata Power Company Limited Dharavi RS shalimar ind area matunga mumbai	ii) Street / Village Matunga	iii) City / Taluka Mumbai							
iv) District Mumbai city	v) Pin-Code Number 400019	vi) Near by Landmark							
vii) Latitude coordinate 19.000	viii) Longitude coordinate 72.535	ix) Ownership Private							
Details of valid Combined Consent and BMW Authorization (CCA)									
i)Authorization No. SRO-MUMBAI III/BMW_AUTH/2301000129 - 2023	ii)Authorization validity Date Jan 11 2026 12:00:00:AM								
5) Status of Consents under Water Ad	t and Air Act								
i)Consent Number NA	ii)Consent validity Date Jan 11 2026 12:00:00:AM								
6) Total No of Beds (As per valid Auth	norization)								
7) Registration Number (e.g. Bombay	V Nursing Home reg. no.,MSDC,MBTC)								
8) Registration Expiry Date	Jan 11 2026 12:00:00:AM								
9) Faculty of Medicine Medical		•							
10) Name of the Common Bio-Medica M/s. SMS Envoclean Pvt. Ltd, Mumbai	l Waste Treatment Facility Operator throu	ugh which wastes are disposed of							

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11) Details of BMW i) Authorized BMW Quantit	y Kg/month	ı (as per val	id CCA)				1			
Yellow 3.00000	I	Red 2.00000		Blue 0.50000			White 1.00000			
ii) Bio Medical Waste Generated (Kg/month)										
Yellow 1.01000		Red 0.21000		Blue 0.02000			White			
iii) Quantity of Biomedical waste given to CBMWTDF (kg/Month)										
Yellow 1.0100 Red 0.2		2100 Blue 0.0200)0	White G		General Solid Waste			
12) Details trainings conducted on BMW i) Number of trainings conducted on BMW Management. 2										
ii) Number of personnel trained 3										
iii) Number of personnel trained at the time of induction 3										
iv) number of personnel not undergone any training so far										
v) whether standard manual for training is available? Yes										
vi) any other information NA										
13) Details of the accident occurred during the year i) Number of Accidents occurred										
ii) Number of the persons affected										
iii) Remedial Action taken (Please attach details if any) No										
iv) Any Fatality occurred, If yes details. No										
14) Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? $_{\rm No}$										
15) Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? No										
17) Whether HCE intended to Sale / Handover liquid BMW for R&D purpose										
Place Trombay		Designatio Head -Medic				Date 01-04-2023				