



Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Form - IV

(See rule 13)

Bio Medical Waste Annual Return for the Calender Year - 2024

Application Type: HCF	Calender Year 2024	Submit To SRO-Mumbai I
Type of Health Care Facility Non Bedded		
1) Particulars		
i) First Name Dr Manoj	ii) Middle Name Bhikaji	iii) Last Name Dabholkar
iv) Designation Group Head - Medical	v) Aadhaar No 464732063371	vi) PAN No AGRPD5387N
vii) Address as per Aadhaar Card Building No 6A, Flat no. 1104, New Mahada Complex 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 https://www.tatapower.com	
2) Details of the Health Care Facility		
i) Name of the Health Care Facility The Tata Power Company Limited Dharavi Receiving Station	ii) Email manoj.dabholkar@tatapower.com	iii) Name of the contact person Dr Manoj Dabholkar
iv) Contact No. 9819606735		
3) Address of the Health Care Facility		
i) Building Name/Building No./Survey Number The Tata Power Company Limited, Dharavi Receiving Station, Near Shalimar Industrial Estate, Matunga, Mumbai 400 019, Maharashtra, India	ii) Street / Village Matunga	iii) City / Taluka Mumbai
iv) District Mumbai city	v) Pin-Code Number 400019	vi) Near by Landmark
vii) Latitude coordinate 19.035	viii) Longitude coordinate 72.854	ix) Ownership Private
4) Details of valid Combined Consent and BMW Authorization (CCA)		
i) CCA/ Authorization No. MPCB-BMW_AUTH-0000047362	ii) validity Date Jan 11 2026 12:00:00:AM	
5) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)		NA
6) Registration Expiry Date		Jan 11 2026 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. SMS Envoclean Pvt. Ltd, Mumbai

9) Details of BMW

i) Authorized BMW Quantity Kg/Month (as per valid CCA)

Yellow 3.00000	Red 2.00000	Blue 0.50000	White 1.00000
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ii) Generation of BMW Quantity (kg/Month)

Yellow 1.03000	Red 0.33000	Blue 0.03000	White
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10) 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

11) Whether HCE intended to Sale / Handover liquid BMW for R&D purpose

No

Place Dharavi	Designation Group Head - Medical	Date 17-06-2026
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