

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: Industry** Calender Year Submit To 2024 SRO-Kalyan II 1) Particulars i) First Name ii) Middle Name iii) Last Name Haribhau Gawade Mahesh v) Aadhaar No vi) PAN No iv) Designation DGM - EHS 291219313452 AZDPG2279B vii) Address as per Aadhaar Card viii) Tel. No. ix) Fax No. Swargaon road, Wadhvane Wasti, 0992147751 Ranwad, Nashik, Maharashtra - 422308 x) e-mail xi) URL of website mahesh.gawade@bsvgroup.com https://www.bsvgroup.com 2) Details of the Industry i) Name of the Industry iii) Name of the contact person ii) Email Bharat Serums and Vaccines Limited mahesh.gawade@bsvgroup.com Mahesh Haribhau Gawade iv) Contact No. 09921477517 3) Address of the Industry i) Building Name/Building ii) Street / Village iii) City / Taluka **No./Survey Number** MIDC Ambernath K -27, K-27 Part & K-27/1 iv) District v) Pin-Code Number vi) Near by Landmark Thane 421506 vii) Latitude coordinate viii) Longitude coordinate ix) Ownership 19.175 73.205 Private **Details of valid Combined Consent and BMW Authorization (CCA)** ii)Authorization validity Date i)Authorization No. Format1.0/AS(T)/UAN Jun 30 2026 12:00:00:AM No.MPCBCONSENT AMMENDMENT-0000011033/CR/2401000 5) Status of Consents under Water Act and Air Act i)Consent Number ii)Consent validity Date Format1.0/AS(T)/UAN Jun 30 2026 12:00:00:AM No.MPCBCONSENT AMMENDMENT-0000011033/CR/2401000 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 Dec 31 2039 12:00:00:AM

		Freatment Facility C	perator through wh	nich wastes are disposed of
ባ/s.Mumbai Waste Managem		•		·
1) Details of BMW) Authorized BMW Quanti	ty Kg/month (as per	valid CCA)	Γ	1
Yellow 4500.00000	Red 10	00.00000	Blue 100.0000	0 White 500.00000
i) Bio Medical Waste Gene	erated (Kg/month)			
Yellow 2140.52400	Red	39.78500	Blue 8.5220	0 White 4.39000
ii) Quantity of Biomedical	waste given to CBM	//WTDF (kg/Month)		
Yellow 2140.5240	Red 39.7850	Blue 8.5220	White 4.3900	General Solid Waste 0.0000
2) Details trainings cond Number of trainings con		nagement.		
) Number of personnel tr	ained			
ii) Number of personnel to 84	rained at the time o	f induction		
v) number of personnel n	ot undergone any tr	aining so far		
r) whether standard man u es	ıal for training is av	ailable?		
ri) any other information OP is in place for Biomedical	l Waste Handling			
.3) Details of the accident) Number of Accidents occ		e year		
i) Number of the persons	affected			
ii) Remedial Action taken	(Please attach deta	ils if any)		
v) Any Fatality occurred,	lf yes details.			
L 4) Liquid waste generate No	d and treatment me	ethods in place. How	v many times you ha	ave not met the standards in a year?
.5) Is the disinfection met year? 'es	hod or sterilization	meeting the log 4 s	tandards? How mar	ny times you have not met the standards
L7) Whether HCE intended No	I to Sale / Handover	liquid BMW for R&I) purpose	
Place	Designa	ation		Date