Form - IV

(See rule 13)

Bio Medical Waste Annual Return for the Calender Year - 2019

Application Type: HCF	**Calender Year** 2019	Submit To SRO-Mumbai IV
Type of Health Care Facility Non Bedded		
1) Particulars		
i) First Name George	**ii) Middle Name** Jose	**iii) Last Name** Chemban
iv) Designation Chief Operating Officer	**v) Aadhaar No** [illegible]	**vi) PAN No** [illegible]
vii) Address as per Aadhaar Card 702, RNA Lberty Apartment, Near Jangid Complex, Mira Road East, Thane - 401107	**viii) Tel. No.** [illegible]	**ix) Fax No.**
x) e-mail maintenance@suburbandiagnostics.com	**xi) URL of website** www.suburbandiagnostics.com	
2) Details of the Industry		
i) Name of the Industry M/s Suburban Diagnostics (I) Pvt Ltd	**ii) Email** maintenance@suburbandiagnostics.com	**iii) Name of the contact person** Mr.Chemban Jose George
iv) Contact No. [illegible]		
3) Address of the Industry		
i) Building Name/Building No./Survey Number Raw House No 3,,Aangan	**ii) Street / Village** Opp Thakur Village	**iii) City / Taluka** Kandivali East
iv) District Mumbai Suburban	**v) Pin-Code Number** 400101	**vi) Near by Landmark**
vii) Latitude coordinate 19.205980	**viii) Longitude coordinate** 72.866060	**ix) Ownership** Private
4) Status of Consent and Authorisation under the Bio-Medical Waste (Management and Handling) Rules		
i)Authorization No. SRO-MUMBAI IV/BMW_AUTH/1908000349	**ii)Authorization validity Date** 2019-08-21	
5) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)		U85110MH2002PTC136144
6) Registration Expiry Date		2023-03-31
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 MT/Month (as per valid CCA)

Yellow 0.03000	**Red**	**Blue**	**White** 0.00500

ii) Generation of BMW Quantity (kg/day)

Yellow 0.33100	**Red** 0.71500	**Blue**	**White** 0.11700

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

Place	**Designation**	**Date**
Kandivali East	COO	04-07-2021