

**Form - IV**

(See rule 13)

Bio Medical Waste Annual Return for the Calender Year - 2020

Application Type: HCF	Calender Year 2020	Submit To SRO-Mumbai II	
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 549342521668	vi) PAN No AAGCS3852D	
vii) Address as per Aadhaar Card 702, RNA Lberty Apartment, Near Jangid Complex, Mira Road East, Thane - 401107	viii) Tel. No. 9920915547	ix) Fax No.	
x) e-mail maintenance@suburbandiagnosics.com	xi) URL of website www.suburbandiagnosics.com		
2) Details of the Industry			
i) Name of the Industry M/s Suburban Diagnostics (I) Pvt Ltd	ii) Email maintenance@suburbandiagnosics.com	iii) Name of the contact person Mr.Chemban Jose George	
iv) Contact No. 9920915547			
3) Address of the Industry			
i) Building Name/Building No./Survey Number Ambika Plot No 54, Jaihind CHSL,	ii) Street / Village 10th Road, JVPD Scheme,	iii) City / Taluka Vileparle West	
iv) District Mumbai Suburban	v) Pin-Code Number 400049	vi) Near by Landmark	
vii) Latitude coordinate 19.115520	viii) Longitude coordinate 72.827600	ix) Ownership Private	
4) Status of Consent and Authorisation under the Bio-Medical Waste (Management and Handling) Rules			
i)Authorization No. SRO-MUMBAI II/BMW_AUTH/1908000343	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 0.01000	Red	Blue	White 0.00300

ii) Generation of BMW Quantity (kg/day)**Yellow** 0.08200**Red** 0.35800**Blue****White** 0.05200**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
Vileparle West**Designation**
COO**Date**
04-07-2021