

**Form - IV**

(See rule 13)

ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30 th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Application Type: HCF	Financial Year 2020	Submit To SRO-Pimpri-Chinchwad	
Type of Health Care Facility Non Bedded			
1) Particulars			
i) First Name Dr. Suhas	ii) Middle Name Vishnu	iii) Last Name Kanitkar	
iv) Designation Factory Medical Officer	v) Aadhaar No 780993957010	vi) PAN No ABBPK0492J	
vii) Address as per Aadhaar Card C/O Poona Polutry Products, Village Mamurdi, Deahuroad Pune	viii) Tel. No. 0202740820	ix) Fax No. 02027489000	
x) e-mail kmw@finolexind.com	xi) URL of website www.finolexpipes.com		
2) Details of the Industry			
i) Name of the Industry Finolex Industries Ltd	ii) Email kmw@finolexind.com	iii) Name of the contact person Kishor Waikar	
iv) Contact No. 9168829922			
3) Address of the Industry			
i) Building Name/Building No./Survey Number D1/10	ii) Street / Village MIDC Chinchwad	iii) City / Taluka Pune	
iv) District Pune	v) Pin-Code Number 411019	vi) Near by Landmark	
vii) Latitude coordinate 18.6460	viii) Longitude coordinate 73.8046	ix) Ownership Private	
4) Status of Consent and Authorisation under the Bio-Medical Waste (Management and Handling) Rules			
i) Authorization No. MPCB-BMW_AUTH-0000030489	ii) Authorization validity Date 2020-12-10		
5) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)	51249		
6) Registration Expiry Date	2022-02-28		
7) Faculty of Medicine Medicine			
8) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of M/s. Passco Environmental Solution, PCMC			
9) Details of BMW			
i) Authorized BMW Quantity MT/Month (as per valid CCA)			
Yellow 0.0020	Red 0.0020	Blue 0.0010	White 0.0010

ii) Generation of BMW Quantity (kg/day)**Yellow****Red****Blue****White****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

Chinchwad

Designation

Factory Medical Officer

Date

2021-03-29