

**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-Pune II	
Type of Health Care Facility Non Bedded			
1) Particulars			
i) First Name Kishor	ii) Middle Name Madhav	iii) Last Name Waikar	
iv) Designation Sr. Manager HR	v) Aadhaar No 941302001178	vi) PAN No AAHPW8987D	
vii) Address as per Aadhaar Card Ambegaon Bk, Pune 41	viii) Tel. No. 0986049178	ix) Fax No. 02114237252	
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 Gat No. 399	ii) Street / Village Village Urse	iii) City / Taluka Mawal	
iv) District Pune	v) Pin-Code Number 410506	vi) Near by Landmark	
vii) Latitude coordinate 18.712561	viii) Longitude coordinate 73.619743	ix) Ownership Private	
4) Status of Consent and Authorisation under the Bio-Medical Waste (Management and Handling) Rules			
i) Authorization No. MPCB-BMW_AUTH-0000022638	ii) Authorization validity Date 2022-05-21		
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 Life Secure Services, Talegaon			
9) Details of BMW			
i) Authorized BMW Quantity MT/Month (as per valid CCA)			
Yellow 0.0010	Red 0.0005	Blue 0.0005	White

ii) Generation of BMW Quantity (kg/day)**Yellow** 0.0001**Red** 0.0000**Blue****White****10) Details of the accident occurred during the year****i) Number of Accidents occurred**

3

ii) Number of the persons affected

3

iii) Remedial Action taken (Please attach details if any)

No

iv) Any Fatality occurred, If yes details.

No

Place

Urse

Designation

Sr. Manager

Date

2021-03-29