

Form - IV (See rule 13) Bio Medical Waste Annual Return for the Calender Year - 2022 **Application Type: Industry** Calender Year Submit To SRO-Thane I 2022 1) Particulars i) First Name ii) Middle Name iii) Last Name Mahendra Atmaram Patil v) Aadhaar No iv) Designation vi) PAN No 487272499975 AMUPP6768N Sr. Manager vii) Address as per Aadhaar Card viii) Tel. No. ix) Fax No. At-Lalonde, Phulancha Pada, Post-Nihe, 7798882264 Tal & Dist- Palghar x) e-mail xi) URL of website mahendra.patil@aartipharmalabs.com 2) Details of the Industry i) Name of the Industry ii) Email iii) Name of the contact person Aarti Pharmalabs Limited mahendra.patil@aartipharmalabs.com Mahendra Patil iv) Contact No. 7798882264 3) Address of the Industry i) Building Name/Building ii) Street / Village iii) City / Taluka No./Survey Number Tarapur Palghar Plot No. L-28 & 29 iv) District v) Pin-Code Number vi) Near by Landmark Palghar 401506 vii) Latitude coordinate viii) Longitude coordinate ix) Ownership 1979003 7272704 Private Details of valid Combined Consent and BMW Authorization (CCA) i)Authorization No. ii)Authorization validity Date Sep 30 2024 12:00:00:AM SRO-TARAPUR II//BMWAUTH/2109000539 5) Status of Consents under Water Act and Air Act ii)Consent validity Date i)Consent Number Format 1.0/UAN No. Jun 30 2024 12:00:00:AM 0000009424/Amend-2211000024 1 6) Total No of Beds (As per valid Authorization) 7) Registration Number (e.g. Bombay Nursing Home reg. no., MSDC, MBTC) 14/20 Mar 31 2023 12:00:00:AM 8) Registration Expiry Date 9) Faculty of Medicine Medical 10) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of M/s Touch 'N' Glow House Keeping Services , Palghar 11) Details of BMW i) Authorized BMW Quantity Kg/month (as per valid CCA) **Blue** 0.25000 White 0.25000 Yellow 13.00000 **Red** 0.50000

Yellow		Red	Blue		White
i) Quantity of Biomed	ical waste gi	ven to CBMWTDF (kg/Month)		
Yellow Red		Blue	White	General S	olid Waste
2) Details trainings c Number of trainings			nt.		
Number of personne	el trained				
) Number of personn	el trained at	the time of inducti	ion		
) number of personn	el not underg	one any training s	o far		
whether standard mes	nanual for tra	ining is available?			
) any other informat A	ion				
3) Details of the accidents Number of Accidents	dent occurred	d during the year			
Number of the pers	ons affected				
Remedial Action ta	ken (Please a	ttach details if any	<i>(</i>)		
) Any Fatality occurr	ed, If yes det	ails.			
) Liquid waste gene	rated and tre	atment methods in	n place. How many time	es you have not i	net the standards in a year?
i) Is the disinfection year?	method or st	erilization meeting	the log 4 standards?	How many times	you have not met the standard
7) Whether HCE inter	ided to Sale /	Handover liquid B	MW for R&D purpose		
lace arapur		Designation Dy Manager		Date 11-05-202	