## Form - IV (See rule 13)

Application Type: HCF	Calender Year		Submit To	
	2021			
Member of CBMWTF: Yes				
Type of Health Care Facility Bedded				
1) Particulars				
i) First Name Hemant Kumar	ii) Middle Name CHANDRA PAL	iii) Last Name Singh		
iv) Designation Medical Superitendant	v) Aadhaar No	vi) PAN No		
vii) Address as per Aadhaar Card At- Loni BK, Tal- Rahata, Dist- Ahmednagar	viii) Tel. No. 0242227120	ix) Fax No. 02422273600		
x) e-mail ms@pmtpims.org	xi) URL of website -https://www.pravara.co	xi) URL of website -https://www.pravara.com/pdf/Anual_report_BMW_2020.pdf		
2) Details of Health Care Facility				
i) Name of the HCF Pravara Rural Hospital	ii) Email biowaste @pmtpims.org	iii) Name of the contact pers Mr. Gawade Pavan Baburao		
iv) Contact No. 9096741769				
3) Address of the Health Care Facility				
) Building Name/Building No./Survey	ii) Street / Village		iii) City / Taluka	
lumber 15/2	Loni BK		Rahata	
v) District Ahmednagar	v) Pin-Code Number 413736	vi) Near by Landmark		
rii) Latitude coordinate 9.5789	viii) Longitude coordii 74.45	ix) Ownership Charitable Trust		
) Details of valid Combined Consent and	d BMW Authorization (CC	A)		
) CCA / Authorization No. format1.0/CAC-CELL/UAN No. 000032357/CR0000010988	ii) Valid Upto 2022-06-30			
5) Total No of Beds (As per valid Authori:	1275			
) Registration Number (e.g. Bombay Nu	· AH-24			
) Registration Expiry Date 1874 - 1890al	Tel Peheta, Dist Aluja	inal	2022-06-30	
) Faculty of Medicine				
))Whether HCE Having Captive Treatmer	nt Facility			
es ./s. Bioclean Systems India Pvt Ltd. , Ahmedn				
0) Details of BMW Authorized Bio Medical Waste Quantity	/ Kg/month (as per valid (	CCA)		
Yellow 1025.00000 Red		Blue	White 600.00000	
) Bio Medical Waste Generated (Kg/Mon	th)			

iii) Quantity of Biomedica	I waste given to CBMW	TDF (kg/Mo	nth)	
Yellow 3878.6000	Red 3102.0000	Blue	White 103.5000	General Solid Waste 600.0000
11) Details trainings cond ) Number of trainings cor 2	ucted on BMW nducted on BMW Manag	gement.		
i) Number of personnel tr 20	ained			
i) Number of personnel to 10	rained at the time of in	duction		
v) number of personnel n	ot undergone any train	ing so far		
) whether standard manu es	ual for training is availa	ble?		
i) any other information O				
2) Details of the accident Number of Accidents occ	occurred during the year	ear		
Number of the persons	affected			
i) Remedial Action taken	(Please attach details i	f any)		
) Any Fatality occurred, I	f yes details.			
3) Liquid waste generated	d and treatment metho	ds in place	. How many times you ha	ave not met the standards in a year?
4) Is the disinfection met	hod or sterilization me	eting the lo	og 4 standards? How man	ny times you have not met the standards in a year?
5) Whether HCE intended	to Sale / Handover liq	uid BMW fo	r R&D purpose	
lace oni BK		nation l Superitende	ent	Date 26-02-2022

Sheht

Medical Superintendent

Dr. Vitthalrao Vikhe Patil Pravara Rural Hospital
of Pravara Medical Trust

Loni Bk., Tal. Rahata, Dist. Ahmednagar - 413736