

M/s. M/s. Superb Hygiene Disposals, Nagpur

Maharashtra Pollution Control Board महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Form - IV

Application Type: HCF	Calender Year 2024	Submit To SRO-Nagpur I
Type of Health Care Facility Non Bedded		
1) Particulars		
i) First Name RAVI	ii) Middle Name DUTT	iii) Last Name SHARMA
iv) Designation GENERAL MANAGER	v) Aadhaar No 385339738625	vi) PAN No AAFCC8093F
vii) Address as per Aadhaar Card H 56, MANSAROVAR PARK, SHAHDARA NEW DELHI	viii) Tel. No. 9205078002	ix) Fax No.
x) e-mail compliance@birlafertility.com	xi) URL of website WWW.BIRLAFERTILITY.COM	
2) Details of the Health Care Facility		
i) Name of the Health Care Facility BIRLA FERTILITY AND IVF A Unit of C K BIRLA HEALTHCARE PVT LTD	ii) Email compliance@birlafertility.com	iii) Name of the contact person DR PRAMOD YERNE
iv) Contact No. 9711206847		1
3) Address of the Health Care Facility		
i) Building Name/Building No./Survey Number 121	ii) Street / Village 4TH FLOOR, MOONLIGHT STUDIO BUILDING, OPP POLICE STATION, VARIETY CHOWK, SITABULDI	iii) City / Taluka Nagpur
121		
iv) District	v) Pin-Code Number 440012	vi) Near by Landmark
iv) District Nagpur vii) Latitude coordinate		vi) Near by Landmark ix) Ownership Private
iv) District Nagpur vii) Latitude coordinate 21.143983	viii) Longitude coordinate 79.081088	ix) Ownership
iv) District Nagpur vii) Latitude coordinate 21.143983 4) Details of valid Combined Consent and B i) CCA/ Authorization No.	viii) Longitude coordinate 79.081088	ix) Ownership
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 iv) District Nagpur vii) Latitude coordinate 21.143983 4) Details of valid Combined Consent and B i) CCA/ Authorization No. SRO-NAGPUR I/BMW_AUTH/2403000195 - 2024 	viii) Longitude coordinate 79.081088 MW Authorization (CCA) ii) validity Date Mar 31 2027 12:00:00:AM	ix) Ownership Private

Yellow 15.00000	Red 10.00000	Blue 10.00000	White 10.00000
ii) Generation of BMW Quant	ity (kg/Month)		
Yellow 15.00000	Red 10.00000	Blue 10.00000	White 10.00000
i) Number of Accidents occur ii) Number of the persons aff	ected		
i) Number of Accidents occurii) Number of the persons affiii) Remedial Action taken (P	ected		
i) Number of Accidents occur ii) Number of the persons aff iii) Remedial Action taken (P No	red fected lease attach details if any)		
10) Details of the accident of i) Number of Accidents occur ii) Number of the persons aff iii) Remedial Action taken (P No iv) Any Fatality occurred, If y No	red fected lease attach details if any) res details.		
i) Number of Accidents occur ii) Number of the persons aff iii) Remedial Action taken (P No iv) Any Fatality occurred, If y	red fected lease attach details if any) res details.	for R&D purpose	