



# Maharashtra Pollution Control Board

## महाराष्ट्र प्रदूषण नियंत्रण मंडळ

### Form - IV

(See rule 13)

Bio Medical Waste Annual Return for the Calender Year - 2025

|                                   |                              |                         |
|-----------------------------------|------------------------------|-------------------------|
| <b>Application Type:</b> Industry | <b>Calender Year</b><br>2025 | Submit To<br>SRO-Pune I |
|-----------------------------------|------------------------------|-------------------------|

#### 1) Particulars

|                                                                                                                                              |                                                                                        |                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------|
| <b>i) First Name</b><br>Dr Rajesh                                                                                                            | <b>ii) Middle Name</b><br>Hansraj                                                      | <b>iii) Last Name</b><br>Pandhipande |
| <b>iv) Designation</b><br>Chief Medical Officer                                                                                              | <b>v) Aadhaar No</b><br>834687785343                                                   | <b>vi) PAN No</b><br>AAACK1947K      |
| <b>vii) Address as per Aadhaar Card</b><br>Flat No 204, H-1 Wing, Sonigara<br>Township, Keshav Nagar,<br>Chinchwadgaon, Haveli Pune - 411033 | <b>viii) Tel. No.</b><br>0206612345                                                    | <b>ix) Fax No.</b>                   |
| <b>x) e-mail</b><br>rajesh.pandhripande@tkil.com                                                                                             | <b>xi) URL of website</b><br><a href="https://www.tkil.com/">https://www.tkil.com/</a> |                                      |

#### 2) Details of the Industry

|                                                           |                                                  |                                                                  |
|-----------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------|
| <b>i) Name of the Industry</b><br>TKIL Industries Pvt Ltd | <b>ii) Email</b><br>rajesh.pandhripande@tkil.com | <b>iii) Name of the contact person</b><br>Dr Rajesh Pandhripande |
| <b>iv) Contact No.</b><br>02066124355                     |                                                  |                                                                  |

#### 3) Address of the Industry

|                                                                                                                                                 |                                            |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------|
| <b>i) Building Name/Building No./Survey Number</b><br>Sr.No. 202/1,206/4, 207/2, Near<br>Ambedkar Chowk Pimpri , Pimpri Railway<br>Station Road | <b>ii) Street / Village</b><br>Pimpri      | <b>iii) City / Taluka</b><br>Haveli |
| <b>iv) District</b><br>Pune                                                                                                                     | <b>v) Pin-Code Number</b><br>411018        | <b>vi) Near by Landmark</b>         |
| <b>vii) Latitude coordinate</b><br>18.62                                                                                                        | <b>viii) Longitude coordinate</b><br>73.80 | <b>ix) Ownership</b><br>Private     |

#### Details of valid Combined Consent and BMW Authorization (CCA)

|                                                                        |                                                                 |  |
|------------------------------------------------------------------------|-----------------------------------------------------------------|--|
| <b>i)Authorization No.</b><br>Passco Environmental Solutions Pvt. Ltd. | <b>ii)Authorization validity Date</b><br>Jul 8 2028 12:00:00:AM |  |
|------------------------------------------------------------------------|-----------------------------------------------------------------|--|

#### 5) Status of Consents under Water Act and Air Act

|                                       |                                                           |  |
|---------------------------------------|-----------------------------------------------------------|--|
| <b>i)Consent Number</b><br>0000045373 | <b>ii)Consent validity Date</b><br>Jul 8 2028 12:00:00:AM |  |
|---------------------------------------|-----------------------------------------------------------|--|

#### 6) Total No of Beds (As per valid Authorization)

|                                                                             |       |
|-----------------------------------------------------------------------------|-------|
| <b>7) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)</b> | 78488 |
|-----------------------------------------------------------------------------|-------|

|                                    |                         |
|------------------------------------|-------------------------|
| <b>8) Registration Expiry Date</b> | Feb 28 2027 12:00:00:AM |
|------------------------------------|-------------------------|

|                                          |
|------------------------------------------|
| <b>9) Faculty of Medicine</b><br>Medical |
|------------------------------------------|

|                                                                                                                                                              |                                             |                     |                           |                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------|---------------------------|----------------------------|
| <b>10) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of</b><br>M/s. Passco Environmental Solution, PCMC |                                             |                     |                           |                            |
| <b>11) Details of BMW</b>                                                                                                                                    |                                             |                     |                           |                            |
| <b>i) Authorized BMW Quantity Kg/month (as per valid CCA)</b>                                                                                                |                                             |                     |                           |                            |
| <b>Yellow</b> 1.00000                                                                                                                                        | <b>Red</b> 1.00000                          | <b>Blue</b> 0.50000 | <b>White</b> 0.50000      |                            |
| <b>ii) Bio Medical Waste Generated (Kg/month)</b>                                                                                                            |                                             |                     |                           |                            |
| <b>Yellow</b> 0.27700                                                                                                                                        | <b>Red</b> 0.23100                          | <b>Blue</b> 0.16900 | <b>White</b> 0.19500      |                            |
| <b>iii) Quantity of Biomedical waste given to CBMWTDF (kg/Month)</b>                                                                                         |                                             |                     |                           |                            |
| <b>Yellow</b> 0.2770                                                                                                                                         | <b>Red</b> 0.2310                           | <b>Blue</b> 0.1690  | <b>White</b> 0.1950       | <b>General Solid Waste</b> |
| <b>12) Details trainings conducted on BMW</b>                                                                                                                |                                             |                     |                           |                            |
| <b>i) Number of trainings conducted on BMW Management.</b><br>1                                                                                              |                                             |                     |                           |                            |
| <b>ii) Number of personnel trained</b><br>6                                                                                                                  |                                             |                     |                           |                            |
| <b>iii) Number of personnel trained at the time of induction</b><br>6                                                                                        |                                             |                     |                           |                            |
| <b>iv) number of personnel not undergone any training so far</b>                                                                                             |                                             |                     |                           |                            |
| <b>v) whether standard manual for training is available?</b><br>Yes                                                                                          |                                             |                     |                           |                            |
| <b>vi) any other information</b><br>No                                                                                                                       |                                             |                     |                           |                            |
| <b>13) Details of the accident occurred during the year</b>                                                                                                  |                                             |                     |                           |                            |
| <b>i) Number of Accidents occurred</b><br>9                                                                                                                  |                                             |                     |                           |                            |
| <b>ii) Number of the persons affected</b><br>9                                                                                                               |                                             |                     |                           |                            |
| <b>iii) Remedial Action taken (Please attach details if any)</b><br>No                                                                                       |                                             |                     |                           |                            |
| <b>iv) Any Fatality occurred, If yes details.</b><br>No                                                                                                      |                                             |                     |                           |                            |
| <b>14) Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?</b><br>No                             |                                             |                     |                           |                            |
| <b>15) Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?</b><br>No           |                                             |                     |                           |                            |
| <b>17) Whether HCE intended to Sale / Handover liquid BMW for R&amp;D purpose</b><br>No                                                                      |                                             |                     |                           |                            |
| <b>Place</b><br>Pimpri                                                                                                                                       | <b>Designation</b><br>Chief Medical Officer |                     | <b>Date</b><br>02-06-2026 |                            |