



# महाराष्ट्र प्रदूषण नियंत्रण मंडळ

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### My Applications

Sr No.	UAN No.	Application Type	Application Date	Status	Action
1	MPCB-HW_MANIFEST-0000511819-369348	HAZARDOUS WASTE MANIFEST	18-06-2024	Submitted	Download   MPCB Documents   Documents
2	MPCB-E_WASTE_ANNUAL_REPORT_NEW-0000008418	E-WASTE ANNUAL REPORT	15-06-2024	Submitted	Download   MPCB Documents   Documents
3	MPCB-HW_MANIFEST-0000511019-368694	HAZARDOUS WASTE MANIFEST	15-06-2024	Submitted	Download   MPCB Documents   Documents
4	MPCB-HW_MANIFEST-0000510322-368117	HAZARDOUS WASTE MANIFEST	13-06-2024	Submitted	Download   MPCB Documents   Documents
5	MPCB-HW_MANIFEST-0000509432-367461	HAZARDOUS WASTE MANIFEST	11-06-2024	Submitted	Download   MPCB Documents   Documents
6	MPCB-BMW_ANNUAL_REPORT-0000013020	BIO-MEDICAL WASTE ANNUAL REPORT	08-06-2024	Submitted	Download   MPCB Documents   Documents
7	MPCB-HW_ANNUAL_RETURN-0000044551	HAZARDOUS WASTE ANNUAL RETURN	08-06-2024	Submitted	Download   MPCB Documents   Documents
8	MPCB-HW_MANIFEST-0000508029-366812	HAZARDOUS WASTE MANIFEST	08-06-2024	Submitted	Download   MPCB Documents   Documents
9	MPCB-HW_MANIFEST-0000506912-	HAZARDOUS WASTE MANIFEST	06-06-2024	Submitted	Download   MPCB Documents   Documents



**Form - IV**  
(See rule 13)  
Bio Medical Waste Annual Return for the Calender Year - 2023

<b>Application Type:</b> Industry	<b>Calender Year</b> 2023	<b>Submit To</b> SRO-Nashik	
<b>1) Particulars</b>			
<b>i) First Name</b> Manoj	<b>ii) Middle Name</b> NA	<b>iii) Last Name</b> Jain	
<b>iv) Designation</b> Head -OSD-Ops-Nashik	<b>v) Aadhaar No</b> 58923222788	<b>vi) PAN No</b> AAVPK8787D	
<b>vii) Address as per Aadhaar Card</b> No-126,ddnradu colony, kukatpaaly ,Hyderabad	<b>viii) Tel. No.</b> 0255167477	<b>ix) Fax No.</b> 02551230924	
<b>x) e-mail</b> Manoj.jain@viatris.com	<b>xi) URL of website</b> www.mylan.in		
<b>2) Details of the Industry</b>			
<b>i) Name of the Industry</b> Mylan Laboratories Ltd	<b>ii) Email</b> Manoj.jain@viatris.com	<b>iii) Name of the contact person</b> Manoj jain	
<b>iv) Contact No.</b> 0255130674777			
<b>3) Address of the Industry</b>			
<b>i) Building Name/Building No./Survey Number</b> Plot F-4, F-12 & F-2 Malegaon MIDC Sinnar	<b>ii) Street / Village</b> Malegaon MIDC Sinnar	<b>iii) City / Taluka</b> Sinnar	
<b>iv) District</b> Nashik	<b>v) Pin-Code Number</b> 422113	<b>vi) Near by Landmark</b>	
<b>vii) Latitude coordinate</b> 19.874855	<b>viii) Longitude coordinate</b> 73.962655	<b>ix) Ownership</b> Private	
<b>Details of valid Combined Consent and BMW Authorization (CCA)</b>			
<b>i)Authorization No.</b> SRO- NASHIK/BMW_AUTH/2302000099-2023	<b>ii)Authorization validity Date</b> Feb 6 2026 12:00:00:AM		
<b>5) Status of Consents under Water Act and Air Act</b>			
<b>i)Consent Number</b> Format1.0/CAC/UAN No.MPCBCONSENT- 0000127567/CO/2211000567	<b>ii)Consent validity Date</b> Apr 30 2026 12:00:00:AM		
<b>6) Total No of Beds (As per valid Authorization)</b>			
<b>7) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)</b>	10018179		
<b>8) Registration Expiry Date</b>	Dec 31 2025 12:00:00:AM		
<b>9) Faculty of Medicine</b> Medical			
<b>10) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of</b> M/s. Water Grace Products , Nashik			
<b>11) Details of BMW</b>			
<b>i) Authorized BMW Quantity Kg/month (as per valid CCA)</b>			
<b>Yellow</b> 914.00000	<b>Red</b> 7.00000	<b>Blue</b>	<b>White</b> 8.00000

**ii) Bio Medical Waste Generated (Kg/month)**

<b>Yellow</b> 718.57000	<b>Red</b>	<b>Blue</b>	<b>White</b>
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**iii) Quantity of Biomedical waste given to CBMWTFD (kg/Month)**

<b>Yellow</b> 718.5900	<b>Red</b>	<b>Blue</b>	<b>White</b>	<b>General Solid Waste</b>
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**12) Details trainings conducted on BMW****i) Number of trainings conducted on BMW Management.**

22

**ii) Number of personnel trained**

15

**iii) Number of personnel trained at the time of induction**

95

**iv) number of personnel not undergone any training so far****v) whether standard manual for training is available?**

Yes

**vi) any other information**

BMW management &amp; Handling SOP is available

**13) Details of the accident occurred during the year****i) Number of Accidents occurred****ii) Number of the persons affected****iii) Remedial Action taken (Please attach details if any)**

No

**iv) Any Fatality occurred, If yes details.**

No

**14) Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?**

Yes

**15) Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?**

Yes

**17) Whether HCE intended to Sale / Handover liquid BMW for R&D purpose**

No


**Place**  
Sinnar, Nashik**Designation**  
Head- OSD - Operations- Nashik**Date**  
08-06-2024

## Annexure -1

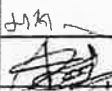
## Mylan Laboratories Ltd , Nashik

## Generation / Disposal Record of Biomedical Waste for the year -CY 2023


Month	Biomedical waste From Microlab Quantity- In Kg (Category - yellow (h))				Biomedical waste from OHC Quantity in Kg (BMW Category - Yellow ( c ) & (d) )				Biomedical Waste from OHC Quantity In Kg Category - Red	BMW Category Blue	BMW Category White	Total BMW waste Disposal in Kg		Remark
	Opening Stock	Generation	Disposal	Closing stock	Opening Stock	Generation	Disposal	Closing stock				Generation/ Disposal	Disposal	
Jan-23	0.20	709.80	710.00	0.00	0.00	0.39	0.39	0.00	Nil	Nil	Nil	710.19	710.39	
Feb-23	0.00	694.20	694.20	0.00	0.00	0.72	0.72	0.00	Nil	Nil	Nil	694.92	694.92	
Mar-23	0.00	728.10	728.10	0.00	0.00	0.25	0.25	0.00	Nil	Nil	Nil	728.35	728.35	
Apr-23	0.00	712.00	712.00	0.00	0.00	0.63	0.63	0.00	Nil	Nil	Nil	712.63	712.63	
May-23	0.00	769.00	769.00	0.00	0.00	0.74	0.74	0.00	Nil	Nil	Nil	769.74	769.74	
Jun-23	0.00	697.00	697.00	0.00	0.00	1.10	1.10	0.00	Nil	Nil	Nil	698.10	698.10	
Jul-23	0.00	760.00	760.00	0.00	0.00	1.57	1.57	0.00	Nil	Nil	Nil	761.57	761.57	Biomedical waste
Aug-23	0.00	744.00	744.00	0.00	0.00	2.28	2.28	0.00	Nil	Nil	Nil	746.28	746.28	Disposed to M/s Water grace products Ltd,Nashik
Sep-23	0.00	716.00	716.00	0.00	0.00	1.95	1.95	0.00	Nil	Nil	Nil	717.95	717.95	
Oct-23	0.00	667.00	667.00	0.00	0.00	0.78	0.78	0.00	Nil	Nil	Nil	667.78	667.78	
Nov-23	0.00	657.00	657.00	0.00	0.00	0.68	0.68	0.00	Nil	Nil	Nil	657.68	657.68	
Dec-23	0.00	757.20	757.20	0.00	0.00	0.44	0.44	0.00	Nil	Nil	Nil	757.64	757.64	
<b>Total Qty in Kg</b>	--	<b>8611.30</b>	<b>8611.50</b>	--	--	<b>11.53</b>	<b>11.53</b>	--	--	--	--	<b>8622.83</b>	<b>8623.03</b>	
<b>Kg, month</b>	--	<b>717.61</b>	<b>717.63</b>	--	--	<b>0.96</b>	<b>0.96</b>	--	--	--	--	<b>718.57</b>	<b>718.59</b>	




	Nashik, IN - FDF 1	FORM-000558358
	Effective	9.0, CURRENT
Training Attendance Record		

- Reference of the governing procedure  
SOP-000551238 - Training.
- Content


Date of Training:	05/12/23	Time: From: 5:00 to 15:30	Page 1 of 1		
Venue:	Microbiology Lab.				
Method of Training:	<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Webinar <input type="checkbox"/> On-The-Job <input type="checkbox"/> Others: (specify) <u>NA</u>				
Title of Course/ Document:	Management of Bio-Medical waste & Biomedical waste rule 2016				
Course / Document No:	SOP-000488344	Name of Trainer	Dnyaneshwar Bhat		
Sr. No.	Name of Employee	E. Code	M ID	Department	Trainee's Sign
1	Prashant Patil	5005	M25314	QC	
2	Sandip Bisai	12319	M258955	QC	
3	Nilesh Kozade	18283	M518047	QC	
4	Manohar Bhamare	17065	M513140	QC	
5	Shoeb Sheikh	15774	M509486	QC	
6	Jayesh Patil	17647	M265909	QC	
7	Chunbrakant Kadu	18346	M518283	QA	
8	Rajesh Chaudhary	17575	M515016	QC	
9	Surendra Patil	15626	M508628	QC	
10	Tushar Kulkarni	16548	M511644	QC	
 05/12/23					


Remarks:

Sign & Date:  05/12/23  
Trainer

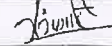

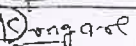

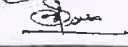
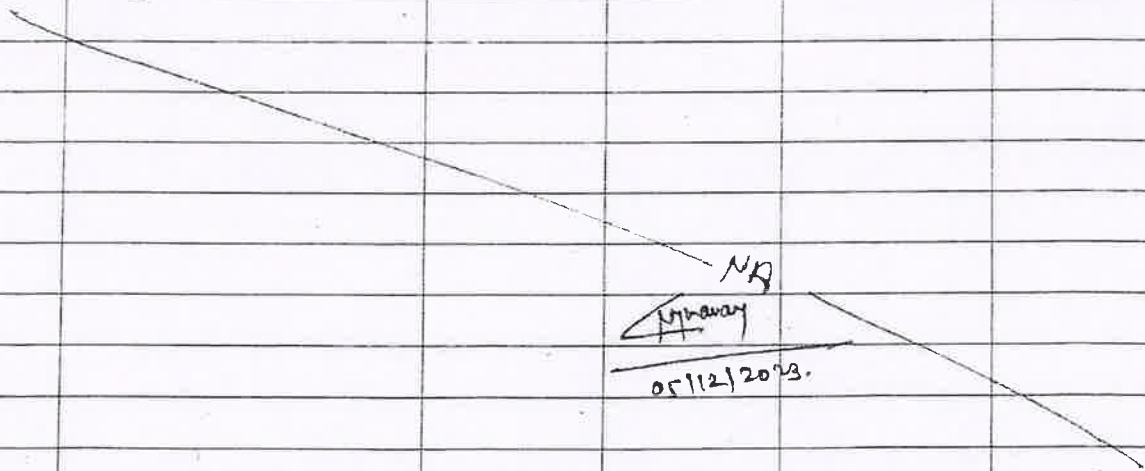
Attendance Submitted by	For Training Dept.	
	Received by	External Event Recorded: Yes / <u>NA</u>
Sign & Date:  05/12/23	Sign & Date:  05/12/23	Sign & Date:  06/12-23

SOP-000551238-FORM-000558358-A05-07-05-23

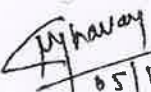
Wrong entry corrected  05/12/23



 <b>Mylan</b>	Nashik, IN - FDF 1	FORM-000558358
	Effective	9.0, CURRENT
<b>Training Attendance Record</b>		

- Reference of the governing procedure  
SOP-000551238 - Training.
- Content

Date of Training:	05/12/2023	Time: From 15:00 to 15:30	Page 01 of 01		
Venue:	OHC				
Method of Training:	<input type="checkbox"/> Classroom <input type="checkbox"/> Webinar <input type="checkbox"/> On-The-Job . <input checked="" type="checkbox"/> Others: (specify) <u>Verbal</u>				
Title of Course/ Document:	Management & handling of Biomedical Waste as per SOP. & Biomedical waste rules, 2016.				
Course / Document No:	SOP-000488344	Name of Trainer	Nilesh Chavan		
Sr. No.	Name of Employee	E. Code	M ID	Department	Trainee's Sign
01	Sandesh pagare	38526	-	OHC	
02	Santosh K. Komble	38523	-	OHC	
03	Keval D. Dongare	38529	-	OHC	
04	Dr. Manohar S. Bachhav	38518	-	OHC	
05	Jagdish Jais	13839	M265566	ETW(OHC)	
<del>  </del>					


Remarks:

Sign & Date Trainer:  05/12/23



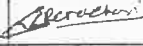

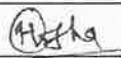



Attendance Submitted by	<b>For Training Dept.</b>	
	Received by	External Event Recorded: Yes / NA
Sign & Date:  05/12/23	Sign & Date:  05/12/23	Sign & Date:

SOP-000551238-FORM-000558358-A05-07-05-23



 <b>Mylan</b>	Nashik, IN - FDF 1	FORM-000558358
	Effective	8.0, CURRENT
Training Attendance Record		

- Reference of the governing procedure  
SOP-000551238 - Training.
- Content


Date of Training:	21/04/2023	Time: From 14:20 to 15:25	Page 01 of 01		
Venue:	Training Hall: 07				
Method of Training:	<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Webinar <input type="checkbox"/> On-The-Job <input type="checkbox"/> Others: (specify) _____				
Title of Course/ Document:	Environment, Health & Safety				
Course / Document No:	MLLNSK-TM-OPE-015	Name of Trainer	Hemant gh		
S. No.	Name of Employee	E. Code	M ID	Department	Trainee's Sign
01	Ganesh Nikam	A513	M663389	QA	
02	Akshay K. Patil	A571	M663323	Production	
03	Kalpesh R. Chaudhary	A572	M663322	Production	
04	Harshal Sisode	24434	M663418	production	
NA  21/04/23					
Remarks: Satisfactory					
Sign & Date Trainer:  21/04/23					
Attendance Submitted by Sign & Date:  21/04/23			Received by Sign & Date:  21/04/23		
External Event Recorded: Yes / NA    Sign & Date: _____ (For Training Dept. only)					

SOP-000551238-FORM-000558358-A05-06-03-21



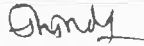
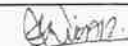
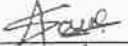

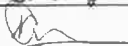




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	Effective	8.0, CURRENT
Training Attendance Record		

- Reference of the governing procedure  
SOP-000551238 - Training.
- Content

Date of Training:	05/05/2023	Time: From 14:30 to 15:30	Page 01 of 01		
Venue:	Training Hall 06				
Method of Training:	<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Webinar <input type="checkbox"/> On-The-Job <input type="checkbox"/> Others: (specify) _____				
Title of Course/ Document:	Environment, Health & Safety				
Course / Document No:	MLNSK-TM-0PE-015	Name of Trainer	Hemant ogha		
S. No.	Name of Employee	E. Code	M ID	Department	Trainee's Sign
01	Pankaj Nimbalkar	24439	M663945	CA	
02	Patil Bhatu R.	A 575	M663954	Engg.	
03	Shinde vijay	24441	m663986	Team. service	
04	Sadhav Onkar S.	A574	M663953	CA Engg	
05	Akash. S. Pawar	A576	M663955	Engg	
06	Dipak V. Patil	24440	m663946	warehouse	
07	Pawan Maljode	24448	M664096	DRA	
			NA		
					
			05/05/23		
Remarks: Satisfactory					
Sign & Date Trainer		 05.05.23			
Attendance Submitted by Sign & Date		 05.05.23			
Received by Sign & Date:		 05.05.23			
External Event Recorded: Yes / NA    Sign & Date: _____ (For Training Dept. only)					

SOP-000551238-FORM-000558358-A05-06-03-21

  
05/05/2023

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<b>Training Attendance Record</b>		

- Reference of the governing procedure  
SOP-000551238 - Training.
- Content

Date of Training:	15/06/2023	Time: From 13:20 to 14:30	Page 01 of 01		
Venue:	Training Hall:06				
Method of Training:	<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Webinar <input type="checkbox"/> On-The-Job <input type="checkbox"/> Others: (specify) _____				
Title of Course/ Document:	Environment, Health & Safety				
Course / Document No:	MLNSK-TM-OPE-015	Name of Trainer	Hemant Ojha		
S. No.	Name of Employee	E. Code	M ID	Department	Trainee's Sign
01	Sudarshan J. Sonawane	A583	M664841	Production	<u>Sonawane</u>
02	Purna N. Karanje	A586	M664844	Production	<u>Karanje</u>
03	Pratiksha N. Patil	A587	M665132	production	<u>Patil</u>
04	Dhanshri S. Neriya	A585	M664843	Production	<u>Neriya</u>
05	Prachi S. Patil	A584	M664842	Production	<u>Patil</u>
06	Kundan R. Mahajan	24495	M665142	Tech service	<u>Mahajan</u>
07	Prabhakar B. Ghule	24494	M665140	Regulatory Affairs	<u>Ghule</u>
08	Virek T. Sakhae	A588	M665131	Production	<u>Sakhae</u>
NA <u>Hemant Ojha</u> 15-06-23					
Remarks:					
Sign & Date Trainer: <u>Hemant Ojha</u> 15.06.23					
Attendance Submitted by Sign & Date: <u>Hemant Ojha</u> 15.06.23      Received by Sign & Date: <u>[Signature]</u> 15/06/23					
External Event Recorded: Yes/NA      Sign & Date: _____ (For Training Dept. only)					


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	Nashik, IN - FDF 1	FORM-000558358
	Effective	8.0, CURRENT
Training Attendance Record		

- Reference of the governing procedure  
SOP-000551238 - Training.
- Content

Date of Training:	30/06/2023	Time: From 13:50 to 14:50	Page 01 of 01		
Venue:	Training Hall: 06				
Method of Training:	<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Webinar <input type="checkbox"/> On-The-Job <input type="checkbox"/> Others: (specify) _____				
Title of Course/ Document:	Environment, Health & Safety				
Course / Document No:	MLLNSK-TM-OPE-015	Name of Trainer:	Hemant Gyha		
S. No.	Name of Employee	E. Code	M ID	Department	Trainee's Sign
01.	Rajpal J. GADSE	24526	M665526	QC	
02.	Shrinivas R. NANE	24527	M665574	QC	
03	Shubham	24509	M665336	Production	
04	Prashant Suptekar	24531	M665851	QA	
05	Shantam S. Shelke	A591	M665484	IPQA	
06	Rahul B. Rashinkar	A590	M665540	production	
07	Rahul D. Patil	A592	M665705	ENG	
08	Ganesh S. Patil	A593	M665706	ENG	
		NA			
		30/06/23			
Remarks:					
Sign & Date Trainer:  30/06/23					
Attendance Submitted by Sign & Date:  30/06/23      Received by Sign & Date:  30.06.23					
External Event Recorded: Yes/NA      Sign & Date: _____ (For Training Dept. only)					


SOP-000551238-FORM-000558358-A05-06-03-21

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Page 1 of 1

@@Wrong Entry corrected.

30/06/23

 <b>Mylan</b>	Nashik, IN - FDF 1	FORM-000558358
	Effective	9.0, CURRENT
<b>Training Attendance Record</b>		

- Reference of the governing procedure  
SOP-000551238 - Training.
- Content

Date of Training:		to 11.07.23		Time: From 11:35 to 12:40		Page 01 of 03	
Venue:		Training Hall 06					
Method of Training:		<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Webinar <input type="checkbox"/> On-The-Job <input type="checkbox"/> Others: (specify) _____					
Title of Course/ Document:		Environment, Health & Safety					
Course / Document No:		MILLNSK-ITM-OPE-015		Name of Trainer		Hemant Jha	
Sr. No.	Name of Employee	E. Code	M ID	Department	Trainee's Sign		
01	Prashant Chaudhari	A589	M665539	Production	Prashant		
02	Pratap Kashid	24535	M665824	security	Pratap		
03	Umesh Mule	24540	M665897	Security	Umesh		
NA HJha 11.07.23							
Remarks: HJha							
Sign & Date Trainer: 11.07.23							
Attendance Submitted by				For Training Dept.			
				Received by		External Event Recorded: Yes / NA	
Sign & Date: HJha 11.07.23				Sign & Date: R. Pokhri 11/07/23		Sign & Date:	

SOP-000551238-FORM-000558358-A05-07-05-23


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Page 1 of 1

HJha  
11.07.23

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 <b>Mylan</b>	Nashik, IN - FDF 1	FORM-000558358
	Effective	9.0, CURRENT
<b>Training Attendance Record</b>		

- Reference of the governing procedure  
SOP-000551238 - Training.
- Content

Date of Training:	02/08/2023	Time: From <sup>0</sup> 14:15 to 15:15	Page 01 of 01		
Venue:	Training Hall No. 6				
Method of Training:	<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Webinar <input type="checkbox"/> On-The-Job <input type="checkbox"/> Others: (specify) <u>NA</u>				
Title of Course/ Document:	Environment, Health, Safety				
Course / Document No:	MLLSK-TM-OPG-015	Name of Trainer	Pandurang Desai		
Sr. No.	Name of Employee	E. Code	M ID	Department	Trainee's Sign
01	Patil Priyanka Sanjay	A596	M666915	production	
02	patil Jayesh P	A598	M666917	production	
03	Rajkumar Yadav	24579	M666936	security	
04	Jayesh V Patil	A600	M666918	Production	
05	Armit A. Suryawanshi	A594	M666350	Production	
06	Nishal G Pawar	A603	M666919	Production	
07	Vipul S. Patel	A599	M666916	Production	
08	Pronjal A. Patel	A597	M666926	IPQA	
09	Gunwant Chauthary	A595	M666395	Production	
10	Vishwnath Zunja	24576	M666855	QC	
11	Sanket Dhanwat	24565	M666469	QC	
12	Gaurav Patil	A602	M666920	Production	

Remarks: \_\_\_\_\_

Sign & Date Trainer: 02/08/23


Attendance Submitted by	<b>For Training Dept.</b>	
	Received by	External Event Recorded: Yes/NA
Sign & Date:  02/08/23	Sign & Date:  02.08.23	Sign & Date:  02.08.23

SOP-000551238-FORM-000558358-A05-07-05-23

① entry corrected 02/08/23

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	Nashik, IN - FDF 1	FORM-000558358
	Effective	9.0, CURRENT
<b>Training Attendance Record</b>		

- Reference of the governing procedure  
SOP-000551238 - Training.
- Content

Date of Training:	29/08/2023	Time: From 14:20 to 15:20	Page 01 of 01		
Venue:	Training Hall: 07				
Method of Training:	<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Webinar <input type="checkbox"/> On-The-Job <input type="checkbox"/> Others: (specify) _____				
Title of Course/ Document:	Environment, Health & Safety				
Course / Document No:	MLNSK-TT-OPE-015	Name of Trainer	Hemant Ojha		
Sr. No.	Name of Employee	E. Code	M ID	Department	Trainee's Sign
01	Sangram Jadhav	24598	M667310	QA	\$
02	Hemant R Patil	24587	M667066	WH	HP
03	Tushar Gangrade	24611	M667593	QA	F
NA (Hemant Ojha) 29/08/23					
Remarks:					
Sign & Date Trainer: <u>(Hemant Ojha)</u> 29/08/23					
Attendance Submitted by		For Training Dept.			
		Received by	External Event Recorded: Yes / NA		
Sign & Date: <u>(Hemant Ojha)</u> 29/08/23		Sign & Date: <u>(Signature)</u> 29/08/23	Sign & Date:		


SOP-000551238-FORM-000558358-A05-07-05-23

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
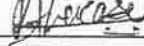
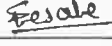
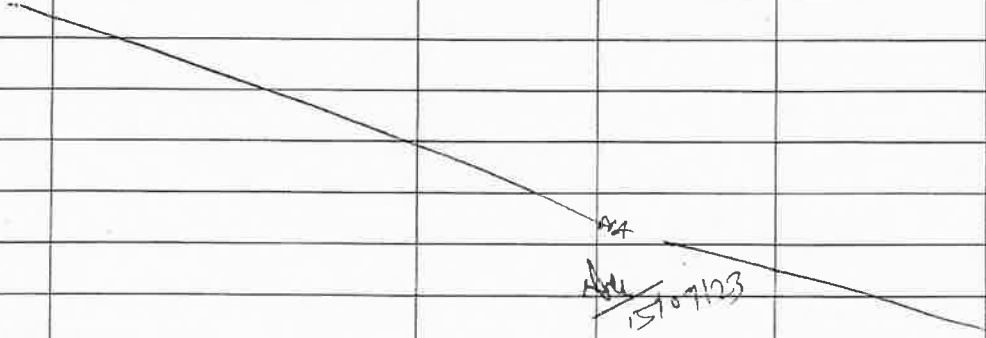
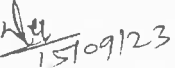
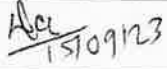
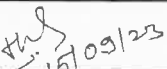

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	Nashik, IN - FDF 1	FORM-000558358
	Effective	9.0, CURRENT
<b>Training Attendance Record</b>		

- Reference of the governing procedure  
SOP-000551238 - Training.
- Content

Date of Training:		15/09/2023	Time: From 11:15 to 12:15		Page 01 of 01
Venue:		In training Hall No.			
Method of Training:		<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Webinar <input type="checkbox"/> On-The-Job <input type="checkbox"/> Others: (specify) _____			
Title of Course/ Document:		Environment, Health Safety			
Course / Document No:		MLL NSK-TM-OPE-015	Name of Trainer		Pandurang Desai
Sr. No.	Name of Employee	E. Code	M ID	Department	Trainee's Sign
01	Pawar Indal Behar	A609	M668047	QA	
02	Burjavarashi Yagini R.	A609	M668062	production	
03	Patil Snehal Sandeep	A603	M668043	Production	
04	Salunke Devyani Vikas	A605	M668045	Q.A	
05	Jain Tejas Prashant	A608	M668046	Q.A	
06	Shrikshna Pawar	24631	M667997	QE	
07	Thakore Pravin	A607	M668041	Production	
08	Desale Jayesh S.	A606	M668040	production	
					
Remarks: —					
Sign & Date Trainer		 15/09/23			
Attendance Submitted by		<b>For Training Dept.</b>			
		Received by		External Event Recorded: Yes / NA	
Sign & Date:  15/09/23		Sign & Date:  15/09/23		Sign & Date:  15/09/23	

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Staff

	Nashik, IN - FDF 1	FORM-000558358
	Effective	9.0, CURRENT
<b>Training Attendance Record</b>		

- Reference of the governing procedure  
SOP-000551238 - Training.
- Content

Date of Training:	26/10/2023	Time: From 13:00 to 14:00	Page 01 of 01		
Venue:	Training Hall: 6 <sup>th</sup> 07				
Method of Training:	<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Webinar <input type="checkbox"/> On-The-Job <input type="checkbox"/> Others: (specify) _____				
Title of Course/ Document:	Environment, Health & Safety				
Course / Document No:	MLNSK-TM-OPE-DIS	Name of Trainer	Hemant <i>etka</i>		
Sr. No.	Name of Employee	E. Code	M ID	Department	Trainee's Sign
1	Akshay Mali	A620	M669033	production	<i>A Mali</i>
2	Durgesh Patil	A618	M669031	production	<i>Patil</i>
3	Godhav Umesh R.	A622	M669007	QA	<i>Godhav</i>
4	Harish Desale	A619	M669032	production	<i>Desale</i>
5	Tejas Pawar	A623	M669001	Production	<i>Pawar</i>
6	Rupesh Pandav	A621	M668982	Production	<i>Pandav</i>
7	Lata Neha	A617	M669006	QA	<i>Neha</i>
8	Purva Bogal	A616	M669002	production	<i>Bogal</i>
<del>                     NA  <i>etka</i>                      26/10/23                 </del>					
Remarks:					
Sign & Date Trainer: <i>etka</i> 26/10/23					
Attendance Submitted by		For Training Dept.			
		Received by	External Event Recorded: Yes / NA		
Sign & Date: <i>etka</i> 26/10/23		Sign & Date: <i>etka</i> 26/10/23	Sign & Date:		

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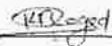
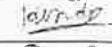
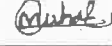
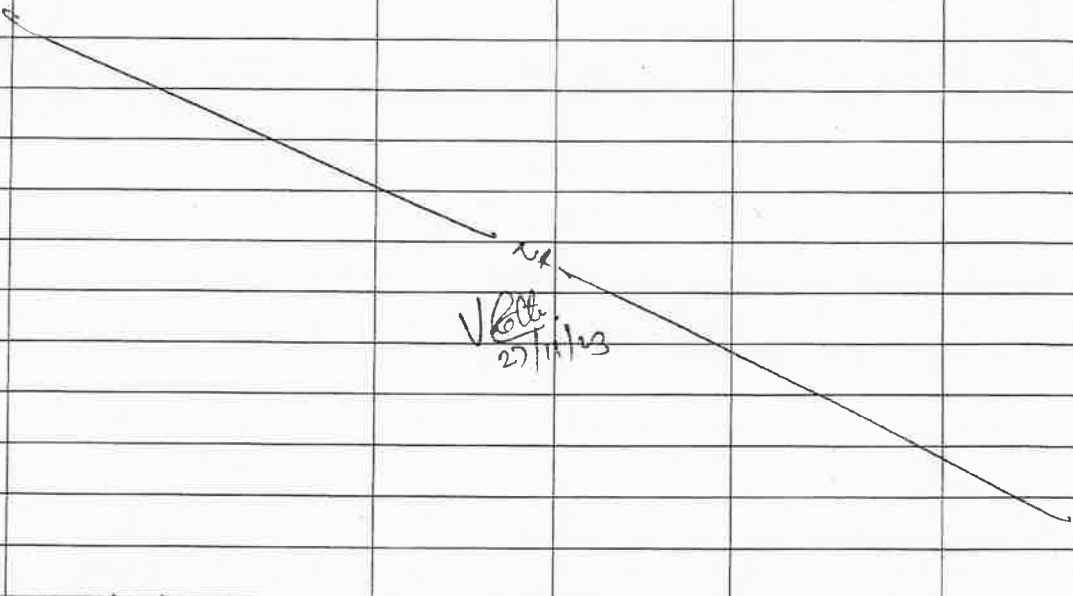
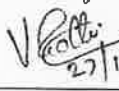
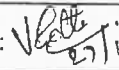
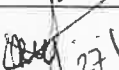
@ wrong Entry corrected

*etka*  
26/10/23



	Nashik, IN - FDF 1	FORM-000558358
	Effective	9.0, CURRENT
Training Attendance Record		

- Reference of the governing procedure  
SOP-000551238 - Training.
- Content

Date of Training:	27/11/23	Time: From 08:00 to 09:00	Page 01 of 01		
Venue:	EHS Office				
Method of Training:	<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Webinar <input type="checkbox"/> On-The-Job <input type="checkbox"/> Others: (specify) _____				
Title of Course/ Document:	Environment, Health & Safety				
Course / Document No:	MUNSK/ITM/OPF/015	Name of Trainer	Vidur Rath		
Sr. No.	Name of Employee	E. Code	M ID	Department	Trainee's Sign
01	Kamlesh A. Bagad	24715	M669489	production	
02	Kundan Kumar	24721	M669720	Production	
03	Maheshwari Chaudhari	A626	M669622	Training	
					
Remarks: Satisfactory					
Sign & Date Trainer:  27/11/23					
Attendance Submitted by		For Training Dept.			
		Received by	External Event Recorded: Yes / NA		
Sign & Date:  27/11/23		Sign & Date:  27/11/23	Sign & Date:		


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	Effective	9.0, CURRENT
Training Attendance Record		

- Reference of the governing procedure  
SOP-000551238 - Training.
- Content

Date of Training:	04.12.23	Time: From 08:15 to 09:15	Page 01 of 01		
Venue:	Training Hall: 06				
Method of Training:	<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Webinar <input type="checkbox"/> On-The-Job <input type="checkbox"/> Others: (specify) _____				
Title of Course/ Document:	Environment, Health & Safety				
Course / Document No:	MLNSK-TM-OPE-015	Name of Trainer	Hemant ojha		
Sr. No.	Name of Employee	E. Code	M ID	Department	Trainee's Sign
01	Pradip Vileas Patil	A625	M669429	Engineering	<i>[Signature]</i>
02	Chetan Ganesh Patil	A624	M669408	Engineering	<i>[Signature]</i>
03	Kundan Kumar	24721	M669720	Production	<i>[Signature]</i>
04	Syjal Suralkar	24730	M169931	IPQA	<i>[Signature]</i>
NA <i>[Signature]</i> 04.12.23					
Remarks:					
Sign & Date Trainer: <i>[Signature]</i> 04.12.23					
Attendance Submitted by		For Training Dept.			
		Received by	External Event Recorded: Yes / NA		
Sign & Date: <i>[Signature]</i> 04.12.23		Sign & Date: <i>[Signature]</i> 04.12.23	Sign & Date: <i>[Signature]</i> 04.12.23		

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