

The Environmental Officer,
Regional office, RSPCB
Jaipur.

DATE: 21-Jan-2021

Dear Sir/Madam,

Subject: Submission of Form 4 Annual return regarding disposal of Biomedical waste

We are hereby submitting the form IV annual return (01st January 2020 to 31st December 2020) for disposal of Biomedical waste from our office located at Mahapura (Mahindra World City, SEZ). This is also being substantiated by the documents as closed for the reference.

Request you to acknowledge the same.

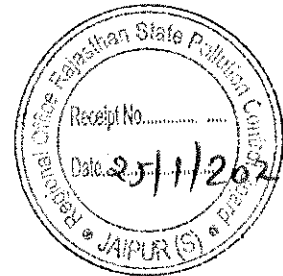
Thanking you,
Yours faithfully,

INFOSYS BPM LTD.

AUTHORIZED SIGNATORY

(Authorized Signatory)
for INFOSYS BPM LIMITED

Enclosure: Form 4



INFOSYS BPM LIMITED
(Formerly Known as Infosys BPO Limited)
SEZ Unit, IT-A-001 Mahindra World City
Special Economic Zone, Village Kalwara
Tehsil Sangarer, Jaipur - 302 037, India
T 91 141 395 6000
F 91 141 395 6100

Corporate Office:
CIN: U72200KA2002PLC030310
Plot Nos. 26/3, 26/4 and 26/6
Hosur Road, Electronics City
Bengaluru - 560 100, India
T 91 80 2852 2405
F 91 80 2852 2411
www.infosysbpm.com

Form - IV
(See rule 13)
ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Sl. No.	Particulars	
1.	Particulars of the Occupier	M/s Infosys BPM Limited
	(i) Name of the authorised person (occupier or operator of facility)	Mr. Hemant Pratap Singh Rajpoot Regional Head-Facilities
	(ii) Name of HCF or CBMWTF	Infosys Health Care (First aid Centre only)
	(iii) Address for Correspondence	Infosys BPM Limited, Plot No IT A001-A1, SEZ, Mahindra World City, Jaipur-302037
	(iv) Address of Facility	Infosys BPM Limited, Plot No IT A001-A1, SEZ, Mahindra World City, Jaipur- 302037(First aid Centre only)
	(v) Tel. No, Fax. No	Ph. 0141-3956000, Fax No: 0141-3956368
	(vi) E-mail ID	Hemant_Rajpoot@infosys.com
	(vii) URL of Website	www.infosys.com
	(viii) GPS coordinates of HCF or CBMWTF	Latitude:26.810006 and longitude: 75.648885
	(ix) Ownership of HCF or CBMWTF	State Government
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	Authorisation No.: BMW/2019- 2020/Jaipur(S)/BMW/240 Dtd: 06.11.2019
(xi). Status of Consents under Water Act and Air Act	Valid up to: 30.11.2026	
2.	Type of Health Care Facility	Consultation Care (Basic first aid only)
	(i) Bedded Hospital	No. of Beds: 0
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	-NA-
	(iii) License number and its date of expiry	License No: F- (1) (Asthaayee) (H82) /2020/257 Valid Up to: 31.12.2021

3.	Details of CBMWTF	:	-NA-								
	(i) Number healthcare facilities covered by CBMWTF	:	-NA-								
	(ii) No of beds covered by CBMWTF	:	-NA-								
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	-NA-								
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	-NA-								
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 33.54 kg Red Category : 13.74 kg White : Nil Blue Category : 06.45 kg General Solid waste: Nil								
5	Details of the Storage, treatment, transportation, processing and Disposal Facility										
	(i) Details of the on-site storage facility	:	Size : 35 Sq.ft Capacity : 20 ltrs of bins Provision of on-site storage: Designated are in campus is made available for storage of Bio-medical waste								
	(ii) Details of the treatment or disposal facilities	:	<table border="0"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of Units</th> <th>Capacity Kg/day</th> <th>Quantity treated/disposed In kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps encapsulation or concrete pit Deep burial pits: Chemical disinfection: Any other treatment equipment</td> <td></td> <td></td> <td>-NA-</td> </tr> </tbody> </table>	Type of treatment equipment	No of Units	Capacity Kg/day	Quantity treated/disposed In kg per annum	Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps encapsulation or concrete pit Deep burial pits: Chemical disinfection: Any other treatment equipment			-NA-
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	(iii) Quantity of recyclable wastes sold to authorize recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.) -NA-						
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	1 Vehicle						
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		<table border="0"> <tr> <td></td> <td>Quantity Generated</td> <td>Where disposed</td> </tr> <tr> <td>Incineration Ash ETP Sludge</td> <td rowspan="2">}</td> <td rowspan="2">-NA- The waste sent to authorized RSPCB recycler</td> </tr> </table>		Quantity Generated	Where disposed	Incineration Ash ETP Sludge	}	-NA- The waste sent to authorized RSPCB recycler
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Incineration Ash ETP Sludge	}	-NA- The waste sent to authorized RSPCB recycler							
			(vi) Name of the Common BioMedical Waste Treatment Facility Operator through which wastes are disposed of	:	M/s Instromedix (India) Pvt Ltd., 10 Joshi bagh, Samyad ka Gatta, Jaipur				
	(vii) List of member HCF not handed over bio-medical waste.		-NA-						
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		-NA-						
7	Details trainings conducted on BMW								
	(i) Number of trainings conducted on BMW Management.		02						
	(ii) number of personnel trained		07						
	(iii) number of personnel trained at the time of induction		Nil						
	(iv) number of personnel not undergone any training so far		Nil						
	(v) whether standard manual for training is available?		-NA-						
	(vi) any other information)								
8	Details of the accident occurred during the year		Nil						
	(i) Number of Accidents occurred		0						
	(ii) Number of the persons affected		0						
	(iii) Remedial Action taken (Please attach details if any)		-NA-						
	(iv) Any Fatality occurred, details.		-NA-						

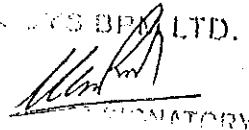
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	-NA-
	Details of Continuous online emission monitoring systems installed	-NA-
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	-NA-
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	-NA-
12	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator) -NA

Certified that the above report is for the period from 01st January 2020 to 31st December 2020

Date: 21-Jan-2021

Place: Jaipur

INFOSYS BPM LTD.



AUTHORIZED SIGNATORY

Name and Signature of the Head of the Institution

INFOSYS BPM LTD.

AUTHORIZED SIGNATORY