

## Form - IV (See rule 13) Bio Medical Waste Annual Return for the Calender Year - 2022 **Application Type: Industry** Calender Year Submit To 2022 SRO-Nagpur I 1) Particulars ii) Middle Name i) First Name iii) Last Name Lakshmi Mani Vijaya v) Aadhaar No vi) PAN No iv) Designation 00000000000 AAACI4798L AVP, Senior Regional Head, Facilities vii) Address as per Aadhaar Card viii) Tel. No. ix) Fax No. 0203982700 x) e-mail xi) URL of website vlmani@infosys.com www.infosys.com 2) Details of the Industry i) Name of the Industry iii) Name of the contact person ii) Email alina.saldanha@infosys.com Infosys Limited Ghansham S. Deochake iv) Contact No. 8600143570 3) Address of the Industry i) Building Name/Building ii) Street / Village iii) City / Taluka No./Survey Number Plot No 7, Sector 17 Nagpur **SEZ MIHAN** iv) District v) Pin-Code Number vi) Near by Landmark Nagpur 441108 viii) Longitude coordinate vii) Latitude coordinate ix) Ownership Private **Details of valid Combined Consent and BMW Authorization (CCA)** i)Authorization No. ii) Authorization validity Date Apr 30 2025 12:00:00:AM SR0-NAGPUR II/BMW AUTH/40739/2204000490 5) Status of Consents under Water Act and Air Act i)Consent Number ii)Consent validity Date Feb 28 2024 12:00:00:AM Format1.0/CC/UAN No.0000159536/CR/2303001188 6) Total No of Beds (As per valid Authorization) 7) Registration Number (e.g. Bombay Nursing Home reg. no., MSDC, MBTC) NΔ 8) Registration Expiry Date Apr 30 2025 12:00:00:AM 9) Faculty of Medicine occupational therapy 10) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of M/s. M/s. Superb Hygiene Disposals, Nagpur 11) Details of BMW i) Authorized BMW Quantity Kg/month (as per valid CCA) Yellow 30.00000 **Red** 5.00000 **Blue** 2.00000 White 5.00000

<b>Yellow</b> 0.10700		Red		Blue		White	
Quantity of Biomedica	l waste given to CB	MWTDF (kg/Month	1)				
Yellow 0.1070 Red		Blue	Blue White		General Sc	olid Waste	
) Details trainings cond Number of trainings co		nagement.					
Number of personnel t	rained						
Number of personnel	trained at the time o	of induction					
number of personnel r	not undergone any t	raining so far					
whether standard man	ual for training is a	vailable?					
any other information							
Details of the accident Number of Accidents of		ne year					
Number of the persons	affected						
Remedial Action taker	(Please attach det	ails if any)					
Any Fatality occurred,	If yes details.						
) Liquid waste generat	ed and treatment m	ethods in place. H	low many ti	mes you h	nave not met th	ne standards in a year?	
) Is the disinfection me year? S	thod or sterilization	meeting the log	4 standards	? How ma	ny times you h	ave not met the standards	
) Whether HCE intende	d to Sale / Handove	r liquid BMW for F	&D purpose	<b>.</b>			
ace	Design	ation			Date		