

**Form - IV**

(See rule 13)

Bio Medical Waste Annual Return for the Calender Year - 2020

Application Type: Industry	Calender Year 2020	Submit To SRO-Pimpri-Chinchwad	
1) Particulars			
i) First Name Vijaya	ii) Middle Name Lakshmi	iii) Last Name Mani	
iv) Designation AVP, Regional Head, Facilities	v) Aadhaar No 000000000000	vi) PAN No AAACI4798L	
vii) Address as per Aadhaar Card NA	viii) Tel. No. 0203982700	ix) Fax No.	
x) e-mail vlmani@infosys.com	xi) URL of website www.infosys.com		
2) Details of the Industry			
i) Name of the Industry Infosys Limited	ii) Email deochake_ghansham@infosys.com	iii) Name of the contact person Ghansham S. Deochake	
iv) Contact No. 8600143570			
3) Address of the Industry			
i) Building Name/Building No./Survey Number Plot No. 1	ii) Street / Village Rajiv Gandhi Infotech Park	iii) City / Taluka Pune	
iv) District Pune	v) Pin-Code Number 411033	vi) Near by Landmark	
vii) Latitude coordinate	viii) Longitude coordinate	ix) Ownership Private	
4) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules			
i) Authorization No. SRO-PUNE II/BMW_AUTH/2007000344	ii) Authorization validity Date 2021-08-14		
5) Status of Consents under Water Act and Air Act			
i) Consent Number Format 1.0/BO/JD (WPC)/UAN-086043/CR/CC-2007001252	ii) Consent validity Date 2021-01-28		
6) Total No of Beds (As per valid Authorization)		1	
7) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)		NA	
8) Registration Expiry Date		2021-01-28	
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. Passco Environmental Solution, PCMC			
11) Details of BMW			
i) Authorized BMW Quantity MT/month (as per valid CCA)			
Yellow 0.03000	Red 0.00500	Blue 0.00200	White 0.00500

ii) Bio Medical Waste Generated (Kg/day)**Yellow** 0.01300**Red****Blue****White****iii) Quantity of Biomedical waste given to CBMWTDF (kg/day)****Yellow** 0.0130**Red****Blue****White****General Solid Waste****12) Details trainings conducted on BMW****i) Number of trainings conducted on BMW Management.**

2

ii) Number of personnel trained

10

iii) Number of personnel trained at the time of induction

2

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

Yes

vi) any other information

Nil

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?

No

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

Place Pune	Designation AVP, Regional Head, Facilities	Date 31-01-2021
----------------------	--	---------------------------