

## Form - IV (See rule 13) Bio Medical Waste Annual Return for the Calender Year - 2022 **Application Type: Industry** Calender Year Submit To 2022 SRO-Pimpri Chinchwad 1) Particulars i) First Name ii) Middle 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 Infosys Limited Ghansham S. Deochake deochake\_ghansham@infosys.com iv) Contact No. 8600143570 3) Address of the Industry i) Building Name/Building ii) Street / Village iii) City / Taluka No./Survey Number Rajiv Gandhi Infotech Park Pune Plot No. 1 iv) District v) Pin-Code Number vi) Near by Landmark 411033 Pune 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 MPCB-BMW\_AUTH-0000045678 Sep 20 2022 12:00:00:AM 5) Status of Consents under Water Act and Air Act i)Consent Number ii)Consent validity Date Feb 28 2025 12:00:00:AM Format 1.0/BO/JD (WPC)/UAN-0000100924/CR-210200093 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 Aug 1 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. Passco Environmental Solution, PCMC 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

Yellow 3.70000		Red	<b>Blue</b> 0.03000	<b>Blue</b> 0.03000	
) Quantity of Biomedical	waste given to C	BMWTDF (kg/Mor	ith)		
Yellow 3.7000 Red		Blue	White 0.0300 General So		lid Waste
2) Details trainings condo Number of trainings con		Management.			
Number of personnel tr	ained				
) Number of personnel ti	rained at the time	of induction			
) number of personnel no	ot undergone any	training so far			
whether standard manu	al for training is	available?			
) any other information					
3) Details of the accident Number of Accidents occ		the year			
Number of the persons	affected				
) Remedial Action taken	(Please attach de	etails if any)			
) Any Fatality occurred,	f yes details.				
l) Liquid waste generate	d and treatment	methods in place	How many times you h	nave not met the st	andards in a year?
<ul><li>i) Is the disinfection met year?</li></ul>	hod or sterilizati	on meeting the lo	g 4 standards? How ma	ny times you have	not met the standards i
<b>7) Whether HCE intended</b> o	l to Sale / Handov	er liquid BMW fo	R&D purpose		
lace	Desi	gnation		Date	