

**Form - IV**

(See rule 13)

Bio Medical Waste Annual Return for the Calender Year - 2022

Application Type: Industry	Calender Year 2022	Submit To SRO-Pune II
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1) Particulars

i) First Name Vijaya	ii) Middle Name Lakshmi	iii) Last Name Mani
iv) Designation AVP, Senior 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 hse_ph3@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 Juniper	ii) Street / Village IL Ascendas SEZ Unit	iii) City / Taluka Pune
iv) District Pune	v) Pin-Code Number 411057	vi) Near by Landmark
vii) Latitude coordinate	viii) Longitude coordinate	ix) Ownership Private

Details of valid Combined Consent and BMW Authorization (CCA)

i) Authorization No. MPCB-BMW_AUTH-0000047538	ii) Authorization validity Date Jan 22 2026 12:00:00:AM	
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5) Status of Consents under Water Act and Air Act

i) Consent Number NA	ii) Consent validity Date Jan 22 2026 12:00:00:AM	
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6) Total No of Beds (As per valid Authorization)

7) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)	NA
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8) Registration Expiry Date	Mar 31 2020 12:00:00:AM
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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 40.00000	Red 5.00000	Blue 2.00000	White 3.00000
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ii) Bio Medical Waste Generated (Kg/month)

Yellow 5.40000	Red 0.31000	Blue	White 0.24000
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iii) Quantity of Biomedical waste given to CBMWTDF (kg/Month)

Yellow 5.4000	Red 0.3100	Blue	White 0.2400	General Solid Waste
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12) Details trainings conducted on BMW**i) Number of trainings conducted on BMW Management.**

2

ii) Number of personnel trained

3

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

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

No

Place Pune	Designation AVP, Regional Head, Facilities	Date 26-06-2023
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