

KSPCB/BMW/ANNUAL-RETURNS/2025/04

25<sup>th</sup> June 2026

The Environmental Officer  
Bio Medical Waste Management Cell  
Karnataka State Pollution Control Board  
Parisara Bhavan, No.49, Church Street  
Bengaluru – 560001

Dear Sir/Madam,

**Subject: Submission of Form 4 Annual returns regarding disposal of Biomedical waste**

**Ref: No. KSPCB/BOM/DEO/2019-20/850 dtd. 29.07.2019**

With reference to the above subject, we are hereby submitting the Biomedical Waste Annual returns for our campus located at Infosys Limited (JPIT), Plot No.23, KEONICS, Sy. No. 13,14, 17, & 18, Konappana Agrahara Village, Begur Hobli, Electronics City, Bengaluru-560100. Enclosed the copies of the form and annexure for your reference.

Yours Sincerely,

For INFOSYS LIMITED



AUTHORIZED SIGNATORY



**Enclosure:**

1. Copy of Form 4
2. Copy of Biomedical Waste Authorization
3. Training Sheets & Annexure-1



CC to: The Regional Officer, Bengaluru South (Bommanahalli RO)

**INFOSYS LIMITED**

CIN: L85110KA1981PLC013115  
44, Infosys Avenue  
Electronics City, Hosur Road  
Bengaluru 560 100, India  
T 91 80 2852 0261  
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askus@infosys.com  
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**Form - IV**  
**(See rule 13)**  
**ANNUAL REPORT**

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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.     | Name of the Occupier                                                                                                             | : <b>M/s Infosys Limited</b>                                                                                                                                                                                       |
|        | (i) Name of the authorized person (occupier or operator of facility)                                                             | : <b>Sriram M D,</b><br><b>Sr. Regional Manager –Facilities</b>                                                                                                                                                    |
|        | (ii) Name of HCF or CBMWTF                                                                                                       | : <b>Infosys Health Care (First aid Centre only)</b>                                                                                                                                                               |
|        | (iii) Address for Correspondence                                                                                                 | : <b>Plot No.44, Electronics City</b><br><b>Hosur Road</b><br><b>Bengaluru-560100</b>                                                                                                                              |
|        | (iv) Address of Facility                                                                                                         | : <b>M/s Infosys Limited (JPIT),</b><br><b>Plot No.23, KEONICS</b><br><b>Sy No. 13, 14, 17 &amp; 18, Konappana Agrahara Village,</b><br><b>Begur Hobli, Electronics City Phase -1</b><br><b>Bengaluru – 560100</b> |
|        | (v) Tel. No, Fax. No                                                                                                             | : <b>Ph. : 080 28520261, Fax No: 080- 28520339</b>                                                                                                                                                                 |
|        | (vi) E-mail ID                                                                                                                   | : <b><u>infosys@infosys.com</u></b>                                                                                                                                                                                |
|        | (vii) URL of Website                                                                                                             | : <b><u>www.infosys.com</u></b>                                                                                                                                                                                    |
|        | (viii) GPS coordinates of HCF or CBMWTF                                                                                          | : <b>Latitude: 13. 0836 and Longitude: 77. 6426</b>                                                                                                                                                                |
|        | (ix) Ownership of HCF or CBMWTF                                                                                                  | : <b>Private</b>                                                                                                                                                                                                   |
|        | (x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules                                         | : <b>Authorization No:</b><br><b>KSPCB/BOM/DEO/2019-20/850</b><br><b>Dtd. 29.07.2019 – One-time approved license</b>                                                                                               |
|        | (xi). Status of Consents under Water Act and Air Act                                                                             | : <b>Valid up to: 30-09-2031</b>                                                                                                                                                                                   |
| 2.     | Type of Health Care Facility                                                                                                     | : <b>Consultation Centre (basic first aid only)</b>                                                                                                                                                                |
|        | (i) Bedded Hospital                                                                                                              | : <b>No. of Beds: Nil</b>                                                                                                                                                                                          |
|        | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : <b>-NA-</b>                                                                                                                                                                                                      |
|        | (iii) License number and its date of expiry                                                                                      | : <b>Reg No:</b><br><b>BLU10085ALCOC</b><br><b>Valid up to: 02.01.2030</b>                                                                                                                                         |
| 3.     | Details of CBMWTF                                                                                                                | : <b>-NA-</b>                                                                                                                                                                                                      |
|        | (i) Number healthcare facilities covered by CBMWTF                                                                               | : <b>-NA-</b>                                                                                                                                                                                                      |
|        | (ii) No of beds covered by CBMWTF                                                                                                | : <b>-NA-</b>                                                                                                                                                                                                      |
|        | (iii) Installed treatment and disposal capacity of CBMWTF:                                                                       | : <b>-NA-</b>                                                                                                                                                                                                      |

|     |                                                                                                                                   |   |                                                                                                                                                       |
|-----|-----------------------------------------------------------------------------------------------------------------------------------|---|-------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | (vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of                       | : | <b>M/s Maridi Bio-Industries Pvt. Ltd</b><br>No-1/37 & 1/38, Gabbadikaval Village<br>35 <sup>th</sup> Mile Stone, Kanakapura Road<br>Bengaluru-561112 |
|     | (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       |   | Yes, attached as Annexure-1                                                                                                                           |
| 7   | Details trainings conducted on BMW                                                                                                |   |                                                                                                                                                       |
|     | (i) Number of trainings conducted on BMW Management.                                                                              |   | 01                                                                                                                                                    |
|     | (ii) Number of personnel trained                                                                                                  |   | 01                                                                                                                                                    |
|     | (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 accidents occurred during the year                                                                                 |   |                                                                                                                                                       |
|     | (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.                                                                                              |   | 0                                                                                                                                                     |
| 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 **1<sup>st</sup> January 2025 to 31<sup>st</sup> December 2025**

Date: 25-Jun-2026

Name: **Sriram M D, Sr. Regional Manager - Facilities**

Place: **Bengaluru**

Signature of the Head of the Institution

|    |                                                                                                                      |   |                                                                                                                                                                                                                                               |             |                                                     |                                           |
|----|----------------------------------------------------------------------------------------------------------------------|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------|-------------------------------------------|
|    | (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 : 3.13 Kgs/A                                                                                                                                                                                                                  |             |                                                     |                                           |
|    |                                                                                                                      |   | Red Category : 4.12 Kgs/A                                                                                                                                                                                                                     |             |                                                     |                                           |
|    |                                                                                                                      |   | White Category : 3.75 Kgs/A                                                                                                                                                                                                                   |             |                                                     |                                           |
|    |                                                                                                                      |   | Blue Category : 0.42 Kgs/A                                                                                                                                                                                                                    |             |                                                     |                                           |
| 5  | Details of the Storage, treatment, transportation, processing and Disposal Facility                                  |   |                                                                                                                                                                                                                                               |             |                                                     |                                           |
|    | (i) Details of the on-site storage facility                                                                          | : | Size: 66 Sq.ft                                                                                                                                                                                                                                |             |                                                     |                                           |
|    |                                                                                                                      |   | Capacity: 40 ltrs of bins                                                                                                                                                                                                                     |             |                                                     |                                           |
|    |                                                                                                                      |   | Provision of on-site storage: Designated area is made available for storage of Bio-medical waste.                                                                                                                                             |             |                                                     |                                           |
|    | (ii) Details of the treatment or disposal facilities                                                                 | : | Type of treatment equipment                                                                                                                                                                                                                   | No of Units | Capacity Kg/day                                     | Quantity treated/disposed in kg per annum |
|    |                                                                                                                      |   | Incinerators Plasma<br>Pyrolysis Autoclaves<br>Microwave Hydroclave<br>Shredder<br>Needle tip cutter or destroyer<br>Sharps<br>encapsulation or concrete pit<br>Deep burial pits:<br>Chemical disinfection:<br>Any other treatment equipment: |             | -NA-                                                |                                           |
|    | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.                    | : | Red Category (like plastic, glass etc.)<br>-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 | : | Quantity where generated disposed                                                                                                                                                                                                             |             |                                                     |                                           |
|    |                                                                                                                      |   | Incineration<br>Ash<br>ETP Sludge                                                                                                                                                                                                             | }           | NA – The waste is sent to authorized KSPCB recycler |                                           |