

KSPCB/BMW/ANNUAL-RETURNS/2024/05

27<sup>th</sup> June 2025

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

Dear Sir/Madam,

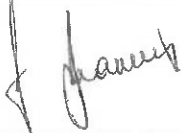
**Subject: Submission of Form 4 Annual returns regarding disposal of Biomedical waste**

**Ref: No. KSPCB/BOM/DEO/2019-20/849 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 (Orion), Sy. No 157 (P), Plot No.53, Electronics City, Hosur Road, 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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**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>Mr. Sriram M D,</b> Sr. Regional Manager –Facilities
	(ii) Name of HCF or CBMWTF	:	<b>Infosys Health Care (First aid Centre only)</b>
	(iii) Address for Correspondence	:	Plot No.44, Electronics City Hosur Road Bengaluru-560100
	(iv) Address of Facility	:	<b>M/s Infosys Limited (Orion),</b> Orion Sy. No. 157(P), Plot No.53, Electronics City, Hosur Road, Bengaluru-560100
	(v) Tel. No, Fax. No	:	Ph.: 080 28520261, Fax No: 080- 28520339
	(vi) E-mail ID	:	<a href="mailto:infosys@infosys.com">infosys@infosys.com</a>
	(vii) URL of Website	:	<a href="http://www.infosys.com">www.infosys.com</a>
	(viii) GPS coordinates of HCF or CBMWTF	:	Latitude: 77. 6426 and Longitude: 77. 6426
	(ix) Ownership of HCF or CBMWTF	:	Private
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No: <b>KSPCB/BOM/DEO/2019-20/849</b> Dtd. 29.07.2019 – One-time approved license
	(xi). Status of Consents under Water Act and Air Act	:	Valid till – 31.12.2028
2.	Type of Health Care Facility	:	Consultation Centre (Basic first aid only)
	(i) Bedded Hospital	:	No. of Beds : Nil
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	-NA-
	(iii) License number and its date of expiry	:	Reg No: <b>BLU08282ALCOC</b> Valid up to: 22.07.2029
3.	Details of CBMWTF	:	-NA-
	(i) Number healthcare facilities covered by CBMWTF	:	-NA-
	(ii) No of beds covered by CBMWTF	:	-NA-
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	-NA-

	(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> No-1/37 & 1/38, Gabbadikaval Village 35 <sup>th</sup> Mile Stone, Kanakapura Road 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		2
	(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 2024 to 31<sup>st</sup> December 2024

Date: 27-Jun-2025

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

Place: Bengaluru

Signature of the Head of the Institution