

KSPCB/BMW/ANNUAL-RETURNS/2024/03

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,

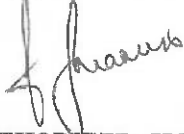
**Subject: Submission of Form 4 Annual returns regarding disposal of Biomedical waste**

**Ref: No. KSPCB/BOM/DEO/2019-20/848 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 (Square), Sy. No. 41(P), 40(P), Electronics City Phase-2, Konappana Agrahara Village, Hosur Road, Bengaluru District - 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

F 91 80 2852 0362

askus@infosys.com

www.infosys.com

**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, 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 Hosur Road Bengaluru-560100</b>
	(iv) Address of Facility	: <b>M/s Infosys Limited (Square), Sy.No.40(P), 41(P) Electronics City Phase 2, Konappana Agrahara, Hosur Road, Bengaluru-560100</b>
	(v) Tel. No, Fax. No	: <b>Ph. : 080 28520261, Fax No: 080- 28520339</b>
	(vi) E-mail ID	: <b>infosys@infosys.com</b>
	(vii) URL of Website	: <b>www.infosys.com</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: KSPCB/BOM/DEO/2019-20/848 Dtd. 29.07.2019 – One-time approved license</b>
	(xi). Status of Consents under Water Act and Air Act	: <b>AW-340287 Valid till – 30.06.2027</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: BLU08281ALCOC Valid up to: 22.07.2029</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> 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		04
	(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