

Date: 14th May 2025

Member Secretary,
Chandigarh pollution Control Committee
Paryavaran Bhavan,
Madhya Marg, Sector 19B,
Chandigarh-160019

Sub: Submission of Form-4 for Filing Biomedical Waste Returns

Sir,

With reference to the aforementioned subject, we hereby submit the Annual Bio medical Waste Return Form-4 for January 2024 to December 2024 for Infosys Limited, Chandigarh.

Enclosed:

1. Form-4, Hazardous Waste Return.

Thanking You,

For Infosys Limited,

Authorized Signatory

Infosys Limited-Chandigarh

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Form - IV (See rule 13) ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30th 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. | Particulars | 1 | |
|-----|---|-----|--|
| No. | | | T T |
| 1. | Particulars of the Occupier | : | |
| | (i) Name of the authorized person | : | Puneet Randhawa, |
| | (occupier or operator of facility) | | Group Leader- Facilities |
| | (ii) Name of HCF or CBMWTF | : | M/S Infosys Limited |
| | (iii) Address for Correspondence | : | M/S Infosys Limited, Plot no-1, Rajiv Gandhi Technology Park, Kishangarh, Chandigarh. |
| | (iv) Address of Facility | | M/S Infosys Limited, Plot no-1, Rajiv Gandhi Technology Park, Kishangarh, Chandigarh. |
| | (v)Tel. No, Fax. No | : | Tel- 0172-5038000 |
| | (vi) E-mail ID | : | Puneet_randhawa@infosys.com |
| | (vii) URL of Website | | |
| | (viii) GPS coordinates of HCF or CBMWTF | | |
| | (ix) Ownership of HCF or CBMWTF | : | (State Government or Private or Semi Govt. or any other)- NA |
| 9 | (x). Status of Authorization under the Bio- Medical Waste (Management and Handling) Rules | | Authorization No.: CPCC/BMW/102/2017/41/501 dated 24.05.2017 |
| | (xi). Status of Consents under Water Act and Air | : | CPCC/RLIT/0522/2020/193/3939 Valid up to: 31.07.2027 |
| 2. | Type of Health Care Facility | 1: | |
| | (i) Bedded Hospital | · . | No. of Beds: Nil |
| | | ļ. | |
| 1, | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | First Aid Center |
| | (iii) License number and its date of expiry | | Not Applicable |
| | Details of CBMWTF | : | |
| | (i) Number healthcare facilities covered by CBMWTF | : | Not Applicable |
| | (ii) No of beds covered by CBMWTF | : | Not Applicable |
| | (iii) Installed treatment and disposal capacity of CBMWTF: | : | Kg per day |

| | (iv) Quantity of biomedical waste trea by CBMWTF | ted or | disposed | : | | Kg/day | | |
|-----|--|------------|--|---|---|--------------|--------------------------------|---|
| 4. | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | | | : | Yellow | Categor | ry : | 3.325 KG |
| | | | | | Red Category: 3.465 KG White: NIL Blue Category: 0.450 KG | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | Genera (Sanita | l Solid v | vaste: 11 | 2.85 KG |
| 5 | Details of the Storage, treatment, trans | on, proces | sing a | nd Dispo | sal Facil | ity | | |
| | (i) Details of the on-site storage | | Size | : N1 | | | | |
| | facility | | Capacity: NIL | | | | | |
| | | | Provisio storage | n of | on-site | : (cold | storage | or |
| | | | any othe | er prov | vision) | area fo | r biome tablishe ard, eq | secure storage dical waste had ed within the uipped with a |
| | (ii) Details of the treatment or | : | Type | of trea | itment | No | Cap | Quantity |
| | disposal facilities | | equip | equipment | | of | acit | treatedo |
| | | | | | | unit | У | r |
| | | | | | | S | Kg/ | disposed |
| - X | | | | | | | day | in kg per annum |
| 40 | (iii) Quantity of recyclable wastes | | destroy Sharps encaps concre Deep t Chemi disinfe | a Pyro laves wave clave der e tip cu yer sulation te pit burial p cal ction: ther tre nent: | n or pits: | | | pplicable |
| | sold to authorized recyclers after treatment in kg per annum. | | Not Appli | | ne piastr | c, grass e | nc.) | |
| | (iv) No of vehicles used for collection and transportation of biomedical waste | : | Vendor is utilizing a special vehicle, authorized to collect waste for Alliance Envirocare | | | zed by CPCC, | | |
| | (v) Details of incineration ash and | | | | Quant | ity | When | re |
| 1 | ETP sludge generated and disposed | - 1 | | | genera | | dispo | 1 |

| | during the treatment of wastes in Kg per annum | | Incineration Ash ETP Sludge Not Applicable |
|----|--|---|---|
| | (vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of | * | M/S Alliance enviro Private Limited |
| | (vii) List of members HCF not handed over bio-medical waste. | | |
| 6 | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period | | Not Applicable |
| 7 | Details trainings conducted on BMW | | |
| | (i) Number of trainings conducted on BMW Management. | | Women housekeeper responsible for managing sanitary waste in the buildings receive training on the |
| | | | proper use of gloves, masks, and other essential personal protective equipment (PPE). Additionally, the nurse overseeing the first aid center is trained in handling biomedical waste generated at the medical center |
| | (ii) number of personnel trained | | 8 |
| | (iii) number of personnel trained at the time of induction | | 8 |
| | (iv) number of personnel not undergone any training so far | | Nil |
| | (v) whether standard manual for training is available? | | Yes |
| | (vi) any other information) | | Nil |
| 8 | Details of the accident occurred | | |
| | during the year | | |
| | (i) Number of Accidents occurred | | Nil |
| | (ii) Number of the persons affected | | Nil |
| | (iii) Remedial Action taken (Please | | Nil |
| | attach details if any) | | |
| | (iv) Any Fatality occurred, details. | | Nil |
| 9. | Are you meeting the standards of air | | Not Applicable |
| 1, | Pollution from the incinerator? How many times in last year could not met the standards? | ě | |
| | Details of Continuous online emission monitoring systems installed | | Not Applicable |
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | | Not Applicable |
| 11 | Is the disinfection method or? sterilization meeting the log 4 | | Not Applicable |

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| | standards? How many times you have? | | |
|----|-------------------------------------|---|---|
| | not met the standards in a year? | | |
| 12 | Any other relevant information | - | (Air Pollution Control Devices attached with the Incinerator) |

Certified that the above report is for the period from January 2024 to December 2024.

Name and Signature of the Head of the Institution

Date: 14/05/2025
Place Chandigarh