Infosys
Navigate your next

Date: 24 June 2026

IL/GGNUWT/HSPCB/BMWR/2026/01

Regional Officer
Haryana State Pollution Control Board
3rd Floor, HSIIDC Complex
IMT Manesar, Gurugram

**Subject: Submission of Form-4 for Bio-medical Waste for the period 01-Jan-2025 to 31-Dec-2025**

Dear Sir/Madam,

With reference to above subject, we herewith submit the Bio-Medical Waste Return Form –IV, along with the copy of agreement with Bio-Medical Waste Treatment Facility and Form-1.

Enclosed:

1. Form –IV for Bio-Medical Waste Return
2. Agreement with Bio-Medical Waste Treatment Facility
3. Form-1

24/06/2026
Haryana State Pollution Control Board
Gurgaon Region (South)
HSIIDC Complex, IIIrd Floor
IMT Manesar, Gurgaon

Yours sincerely,

**For Infosys Limited**

INFOSYS LIMITED Infosys

**Authorized Signatory**

**INFOSYS LIMITED**
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Gurugram - 122 018, India
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**Annexure 1 - Form –IV for Bio-Medical Waste Return**
**(See rule 13)**

[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. No | Particulars | | |
|---|---|---|---|
| 1 | Particulars of the Occupier | : | |
| | (i) Name of the authorized person (Occupier or operator of facility) | : | Infosys Limited, represented by Puneet Randhawa (Senior Regional Head- Facilities) |
| | (ii) Name of HCF or CBMWTF | : | NA (Clinic operated inside the campus of Infosys Limited) |
| | (iii) Address for Correspondence | : | Infosys Limited<br>Tower-B, Uniworld Tower,<br>Sec-48, Village- Tikri, Gurugram-122018 |
| | (iv) Address of Facility | : | Infosys Limited<br>Tower-B, Uniworld Tower,<br>Sec-48, Village- Tikri, Gurugram-122018 |
| | (v) Tel. No, Fax. No | : | +91 8054013026 |
| | (vi) E-Mail ID | : | Puneet_randhawa@infosys.com |
| | (vii) URL of Website | : | www.infosys.com |
| | (viii) GPS coordinates of HCF of CBMWTF | : | 28.425370270139826, 77.02859018208115 |
| | (ix) Ownership of HCF or CBMWTF | : | (State Government or Private or Semi Govt. or any other) - Private |
| | (x) Status of Authorization under the Bio – Medical Waste (Management and Handling) Rules | : | Authorization No. BMW25GUSO89989836 |
| | (xi) Status of Consents under Water Act and Air Act | : | HSPCB/Consent/ :<br>313116322GUSOCTO19399579<br>Valid till: 31/03/2027 |
| 2 | Type of Health Care Facility | : | Occupational health center for basic first aid |
| | (i) Bedded Hospital | : | NA |
| | (ii) Non – bedded hospital<br><br>(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | Clinic |
| | (iii) License number and its date of expiry | : | NA for non-bedded clinic |
| 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 |
| | (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: 2.035 kg per annum<br>Red category: 1.675 kg per annum<br>White category: 0.420 kg per annum<br>Blue category: 1.405 kg per annum<br>General solid waste: NA |
| 5 | Details of the Storage, Treatment, Transportation, Processing, and Disposal Facility | | |
| | (I) Details of the on - site storage facility | : | Size: NA<br>Capacity: NA<br>Provision of on – site storage: (cold storage of any other provision) - NA- |
| | (ii) Details of the treatment or disposal facilities<br><br>Type of treatment equipment<br>Number of unit capacity<br>Quantity treated of disposed in Kg/Annum<br><br>Incinerators<br>Plasma Pyrolysis<br>Autoclaves<br>Microwave<br>Hydroclave<br>Shredder<br>Needle tip cutter or<br>Destroyer -<br>Sharps<br>Encapsulation or -<br>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 annum. | : | Red Category (like plastic, glass etc.) -NA- |
| | (iv) No of vehicles used for collection and transportation of biomedical waste | : | NA |
| | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of waste in Kg per annum | : | Incineration- NA<br>Ash- NA<br>ETP Sludge- NA |
| | (vi) Name of the Common Bio Medical Waste Treatment Facility Operator through which wastes are disposed of. | : | M/s. Biotic Waste Limited |
| | (vii) List of members HCF not handed over bio – medical waste | : | NA |
| 6 | Do you have bio-medical waste management committee? If yes, attach minutes of the meeting held during the reporting period | : | NA |
| 7 | Details of training conducted on BMW | | |

| | | | |
|---|---|---|---|
| | (i) Number of trainings conducted on BMW Management. | : | 3 |
| | (ii) Number of personnel trained | : | 12 |
| | (iii) Number of personnel trained at the time of induction | : | NA |
| | (iv) Number of personnel not undergone any training so far | : | NA |
| | (v) Whether standard manual for training is available? | : | Yes |
| | (vi) Any other information | : | NA |
| 8 | Details of the accident occurred during the year | | |
| | (i) Number of Accidents occurred | : | Nil |
| | (ii)Number of the persons affected | : | NA |
| | (iii) Remedial Action taken (please attach details if any) | : | NA |
| | (iv) Any Fatality occurred, details. | : | NA |
| 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 of sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | : | NA |
| 12 | Any other relevant information | : | NA |

Certified that the above report is for the period from January 2025 to December 2025.

Date: 24 June 2026

Place: Gurugram

Signature: .....

Authorized Signatory

INFOSYS LIMITED

**FORM – I**
**[ (See rule 4(o), 5(i) and 15 (2)]**

**ACCIDENT REPORTING**

1. Date and time of accident: NIL

2. Type of Accident: NIL

3. Sequence of events leading to accident: NIL

4. Has the Authority been informed immediately: NIL

5. The type of waste involved in accident: NIL

6. Assessment of the effects of the accidents on human health and the environment: NIL

7. Emergency measures taken: NIL

8. Steps taken to alleviate the effects of accidents: NIL

9. Steps taken to prevent the recurrence of such an accident: NIL

10. Does you facility has an Emergency Control policy? If yes give details: NIL

Date: 24 June 2026

Place: Gurugram

Signature .....

Designation Sr. Mgr.

INFOSYS LIMITED Infosys