

IL-SEZ/HYD/FAC/160625

June 16, 2025

Environmental Engineer Telangana State Pollution Control Board, Regional Office - I, Ranga Reddy District, H.No- 6-3-1219, Block C, Ward No.91, 2nd floor, Backside of Country Club, Kundanbagh, Umanagar, Begumpet, Hyderabad-500016

Dear Sir,

Submission of Annual Report - Bio Medical Waste - Hazardous Waste Sub: Management (HWM) for the period of 1st January 2024 to 31st December 2024- Survey No. 50 (part) 51, 54, 49, 48, 44 & 45 (part) 41 (part), 36 (part), 58 (part), 60 (part), Pocharam Village, Ghatkesar Mandal, Medchal - Malkajgiri District - 500 088- Reg.

With reference to the above subject, we are hereby submitting Annual Report regarding disposal of Bio-Medical Waste (Hazardous Waste Management) handled from 1st January 2024 to 31st December 2024 in FORM - IV.

Infosys Limited, SEZ

Survey Nos. 50 (part) 51, 54, 49, 48, 44 & 45 (part), 41 (part), 36(part), 58 (part), 60 (part), Pocharam Village, Ghatkesar Mandal, Medchal – Malkajgiri District - 500 088

Kindly acknowledge the receipt of the same.

Thanking you,

Yours sincerely, for Infosys Limited

Authorized Signatory

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Infosys Limited-HYDSEZ



Encl: a/a

INFOSYS LIMITED

SEZ Survey No. 41 (pt) 50 (pt) Pocharam Village Singapore Township PO Ghatkesar Mandal Malkajgiri - Medchal District Hyderabad 500 088, India T 91 40 4060 0000 F 91 40 6634 1356

Corporate Office: 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)

[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 (HCCF) or common bio-medical waste treatment facility (CBWTF)]

Si. No	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorized person (Occupier of	4	Infosys Limited, represented by Mr. Venkatesh
	operator of facility)		Sangam, Senior Regional Head - Facilities
	(ii) Name of HCF of CBMWTF	:	Disposing to CBMWTF M/s. GJ Multiclaves (india) pvt.ltd.
	(iii) Address for Correspondence	;	SEZ Survey No. 41 (pt) 50 (pt), Pocharam Village, Singapore Township PO, Ghatkesar Mandal, Medchal - Malkajgiri District, Hyderabad, Telangana 500088
	(iv) Address of Facility		SEZ Survey No. 41 (pt) 50 (pt), Pocharam Village, Singapore Township PO, Ghatkesar Mandal, Medchal - Malkajgiri District, Hyderabad, Telangana 500088
	(v) Tel. No, Fax. No	:	040 66341356
	(vi) E-Mail ID	:	rajashekar.kataram@infosys.com
	(vii) URL of Website		www.infosys.com
	(viii) GPS coordinates of HCF of CBMWTF		NA
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) - NA
	(x) Status of Authorization under the Bio – Medical Waste (Management and Handling) Rules	:	Authorization No.: Lr. No. 272/PCB/RO/RRD/BMWM/AUTH/2023-1735
	(xi) Status of Consents under Water Act and Air Act	:	Consent no:20234586497 Valid up to: 31.08.2028
2	Type of Health Care Facility	:	
<u> </u>	(i) Bedded Hospital	:	Observation Beds 04
	(ii) Non – bedded hospital (Clinic of Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	First Aid Center having tie up with URLife Lifestyle wellness Limited
	(iii) License number and its date of expiry		6367/DMHO/MDCL/2022 EXP:17.09.2027
3	Details of CBMWTF		NA
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No of beds covered by CBMWTF	:	-
	(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 of disposed in Kg per annum (on monthly average basis)	: Yellow Category : 87.76 Sanitary Waste : 443.19 Red Category : 63.75
		White : 0.70
		Blue Category : 0.48
	The file of the transport transportation process	
5	Details of the Storage, treatment, transportation, proces	Size : 150 Sq. ft (Scarp Yard)
	(I) Details of the on - site storage facility	Capacity : NA
		Provision of on – site storage:
		(cold storage of any other provision) - NA-
	li (Caritata	: Type of treatment No Cap Quantity
	(ii) Details of the treatment or disposal facilities	of acity treated or
	(A) 1996年2月1日 1996年1日 1996年1日	Equipment Units Kg/day disposed
		In Kg
		-NA- annum
		Incinerators
		Plasma Pyrolysis
		Autoclaves
		Microwave
		Hydroclave
		Shredder
		Needle tip cutter or
		Destroyer -
		Sharps
		Encapsulation or -
		Concrete pit Deep burial pits:
		Chemical
		Disinfection:
		Any other treatment
		Equipment
2000	tunt on the Constitution and to nutborized	: Red Category (like plastic, glass etc.)
	(iii) Quantity of recyclable wastes sold to authorized	- NA-
	recyclers after treatment in kg annum.	Vendor will collect the bio medical waste (GJ
	(iv) No of vehicles used for collection and	Multiclave – (AP 22 Y 7955)
	transportation of biomedical waste	Quantity Where Generated disposed
	(v) Details of incineration ash and ETP sludge generated	- NA-
	and disposed	Incineration
	(vi) During the treatment of wastes in Kg per annum	Ash - NA-
		ETP Sludge
	(vii) Name of the Common Bio Medical Waste	M/s. GJ Multiclaves (india) pvt.ltd.
	Treatment Facility Operator through which wastes are	11,50
	disposed of.	
	(vii) List of member HCF not handed over bio – medical waste	NA
6	Do you have bio-medical waste management	No, In case of any concerns related to bio-
	committee? If yes, attach minutes of the meeting held	medical waste handling or storage, the same will
	during the reporting period	be discussed during Health, Safety and
		Environmental (HSE) Management Review Meetings.

7	Details trainings conducted in BMW	 BIO MEDICAL HANDLING TRAINING Immunization
	(i) Number of trainings conducted on BMW Management.	12
	(ii) number of personnel trained	5
	(iii) number of personnel trained at the time of induction	1
	(iv) number of personnel not undergone any training so far	NA
	(v) Whether standard manual for training is available? (vi) any other information	YES
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 attach details if any)	NIL
	(iv) Any Fatality occurred, details.	NIL
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	: (Air pollution Control Devices attached with the Incinerator) - NA-

Certified that the above report is for the period from <u>January 2024 to December 2024</u>

Date: 16-Jun-25

Place: Hyderabad

Authorized Signatory INFO

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FORM-I [See rule 4(0), 5(i) and 15(2)]

ACCIDENT REPORTING

LIN 1. Date and time of accident

Nil 2. Type of Accident

Nil 3. Sequence of events leading to accident

4. Has the Authority of been informed immediately:

: Nil 5. The type of waste involved in accident

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

: Nil 7. Emergency measures taken

Steps taken to alleviate the effects of accidents: Nil

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

10. Does you facility has Emergency Control policy? Yes If yes, give details

. 16-Jun - 25

Place: Hyderabad

Signature

Senior Regional Head Facilities Designation