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IL-SEZ/HYD/FAC/170626

June 17, 2026

To
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,

Sub: Submission of Annual Report – Bio Medical Waste - Hazardous Waste Management (HWM) for the period of 1st January 2025 to 31st December 2025– 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 2025 to 31st December 2025 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

INFOSYS LIMITED SEZ Pocharam

Authorized Signatory
Infosys Limited-HYDSEZ

TELANGANA POLLUTION CONTROL BOARD
No:.....
Date 24/6/26
REGIONAL OFFICE, RANGAREDDY

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
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F 91 40 6634 1356

Corporate Office:
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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 operator of facility)	:	Infosys Limited, represented by Mrs. Latha Ramasubramanyam, Senior Regional Manager - 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	:	
	(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 : 75.01** **Red Category : 18.398** **White : 0.607** **Blue Category : 0.623**
5	Details of the Storage, treatment, transportation, processing, and Disposal Facility		
	(I) Details of the on - site storage facility		Size : 150 Sq. ft (Scarp Yard) Capacity : **NA** Provision of on – site storage: (cold storage of any other provision) - **NA-**
	(ii) Details of the treatment or disposal facilities	:	Type of treatment / Equipment: No of Units; Capacity Kg/day; Quantity treated or disposed In Kg annum **-NA-** 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
	(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		Vendor will collect the bio medical waste (GJ Multiclave – (AP 22 Y 7955)
	(v) Details of incineration ash and ETP sludge generated and disposed		Quantity Where Generated disposed - **NA-**
	(vi) During the treatment of wastes in Kg per annum		Incineration Ash **- NA-** ETP Sludge
	(vii) Name of the Common Bio Medical Waste Treatment Facility Operator through which wastes are disposed of.		M/s. GJ Multiclaves (india) pvt.ltd.
	(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 meeting held during the reporting period		No, In case of any concerns related to bio-medical waste handling or storage, the same will be discussed during Health, Safety and Environmental (HSE) Management Review /Safety committee Meetings.

7	Details trainings conducted in BMW		1. BIO MEDICAL HANDLING TRAINING 2. Immunization
	(i) Number of trainings conducted on BMW Management.		**12**
	(ii) number of personnel trained		6
	(iii) number of personnel trained at the time of induction		6
	(iv) number of personnel not undergone any training so far		**NA**
	(v) Whether standard manual for training is available?		YES
	(vi) any other information		
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 **January 2025 to December 2025**

Date: 17-Jun-26

Place: Hyderabad

Authorized Signatory
Infosys Limited-HYDSEZ

INFOSYS LIMITED
SEZ Pocharam

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 of 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 Emergency Control policy? If yes, give details : YES

Date : 17-Jun-26

Place : Hyderabad

Signature : R.M.C

Designation : Senior Regional Manager Facilities

INFOSYS LIMITED SEZ Pocharam