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03 June 2026

To,
The Environmental Engineer,
Kerala State Pollution Control Board,
Pattom,
Trivandrum – 695004.

Dear Sir,

Subject: - Submission of Form IV and Form I of Bio-Medical Waste Management Rules,2016.

We herewith submit the Annual Report in Form IV and Form I as prescribed in Bio-Medical Waste Management Rules, 2016 for Infosys Limited, Trivandrum for the period January 2025 to December 2025.

Request acknowledge receipt.

Thanking you
Yours respectfully,

Received on 3/6/26

Kerala State Pollution Control Board
Plamoodu Junction, Pattom Palace P.O,
Thiruvananthapuram-695 004

INFOSYS LIMITED SEZ TRIVANDRUM

Authorized Signatory
M/s Infosys Limited

KERALA STATE POLLUTION CONTROL BOARD THIRUVANANTHAPURAM PIN: 695004 DISTRICT OFFICE

Received on 03/06/26
-CA

INFOSYS LIMITED
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F 91 471 241 6177

Corporate Office:
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No.IMAGE/ART/2025/175774

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. No.	Particulars	Details	
1	**Particulars of the Occupier**		
	(i) Name of the authorised person (occupier or operator of facility)	**The Associate Manager (Facilities)**	
	(ii) Name of HCF	**Infosys Limited** **IMAGE CBWTF Aff.No.TVM.0345**	
	(iii) Address for Correspondence	**Trivandrum SEZ Co Developer, Attipra Village ,** **Trivandrum, Trivandrum,** **Kerala, India,** **Pin - 695581**	
	(iv) Address of Facility	**Trivandrum SEZ Co Developer, Attipra Village ,** **Trivandrum, Trivandrum,** **Kerala, India,** **Pin - 695581**	
	(v) Tel. No,Fax. No	**04713982222, 8589912727**	
	(vi) E-mail ID	**Unnikrishnan_P@infosys.com**	
	(vii) URL of Website		
	(viii) GPS coordinates of HCF or CBMWTF	Latitude - Longitude -	8.5378339 76.884635
	(ix) Ownership of HCF or CBMWTF	**The Associate Manager (Facilities)**	
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules		
	(xi) Status of Consents under Water Act and Air Act		
2	**Type of Health Care Facility**		
	(i) Bedded Hospital		
	(ii) Non-bedded hospital		
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	Private Clinics (PC)	
	(iii) License number and its date of expiry		

		Deep burial pits (Needle)	Nil	Nil	
		Chemical disinfection	Nil	Nil	
		Any other treatment equipment:	Nil	Nil	
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. Red Category (like plastic, glass etc.)	The Biomedical Waste generated from this HCE is collected,transported to the CBWTF,treated & disposed of by the IMAGE - CBWTF.			
	(iv) No of vehicles used for collection and transportation of biomedical waste	The Biomedical Waste generated from this HCE is collected,transported to the CBWTF,treated & disposed of by the IMAGE - CBWTF.			
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	The Biomedical Waste generated from this HCE is collected,transported to the CBWTF,treated & disposed of by the IMAGE - CBWTF.			
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	IMAGE CBWTF (Indian Medical Association Goes Eco-friendly) Manthuruthi, Kanjikode West, Palakkad – 678623			
	(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**				
7	**Details trainings conducted on BMW**				
	(i) Number of trainings conducted on BMW Management				
	(ii) number of personnel trained				
	(iii) number of personnel trained at the time of induction				
	(iv) number of personnel not undergone any training so far				
	(v) whether standard manual for training is available?	Biomedical Waste Management Training Module from the IMAGE-CBWTF			
	(vi) any other information				
8	**Details of the accident occurred during the year**				
	(i) Number of Accidents				
	(ii) Number of the persons affected occurred				
	(iii) Remedial Action taken (Please attach details if any)				
	(iv) Any Fatality occurred, details.				
9	**Are you meeting the standards of air Pollution from the incinerator?**				
	How many times in last year could not met the standards?				

	Details of Continuous online emission monitoring systems installed	
10	**Liquid waste generated and treatment methods in place.**	-
	How many times you have not met the standards in a year?	-
11	**Is the disinfection method or sterilization meeting the log 4 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)	The Biomedical Waste generated from this HCE is collected,transported to the CBWTF,treated & disposed of by the IMAGE - CBWTF.

Certified that the above report is for the period from 01-01-2025 to 31-12-2025

Name and Signature of the Head of the Institution

Devi Padmanabhan Nair.

Date : 31-12-2025
Place : Technopark Campus II

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	:	NA
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	:	NA
8. Steps taken to alleviate the effects of accidents	:	NA
9. Steps taken to prevent the recurrence of such an accident	:	NA
10. Does your facility has an Emergency Control policy? If yes give details	:	Yes

ERP (Emergency Response Procedure Plan) available for Campus.

INFOSYS LIMITED SEZ TRIVANDRUM

Date : 03 June 2026

Place : Thiruvananthapuram

Signature

Designation: Senior Regional Manager - Facilities