

IL/FAC/1045/31

19<sup>th</sup> June 2024

To,  
Regional Officer  
Madhya Pradesh Pollution Control Board  
Scheme No. 78 Arnya, Vijay Nagar  
Indore  
Madhya Pradesh

Dear Sir,

Sub: Submission of Annual return in Form 4, regarding disposal of Bio-Medical Waste for the period of January-2023 to December 2023 with respect to M/s Infosys Limited, Scheme no 151 and 169 b, Village Bada bangarda and Tigaria Badshah, Indore Madhya Pradesh:453112

Kindly acknowledge the receipt of same

Thanking you  
For Infosys Limited

  
Venkatesh Sangam  
(Regional Head Facilities)



**Form – IV**  
**(See rule 13)**


[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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 Mr. Venkatesh Sangam, Regional Head - Facilities                                  |
|        | (ii) Name of HCF of CBMWTF  | : Disposing to Hoshwin Incinerator Pvt Ltd  |
|        | (iii) Address for Correspondence  | : M/s Infosys Ltd Scheme No. 151 and 169 B Vill Bada Bangarda and Tigaria Badshah Tehsil-Hatode<br>Indore MP 453112 |
|        | (iv) Address of Facility  | : M/s Infosys Ltd Scheme No. 151 and 169 B Vill Bada Bangarda and Tigaria Badshah Tehsil-Hatode<br>Indore MP 453112 |
|        | (v) Tel. No, Fax. No  | : 7798858150  |
|        | (vi) E-Mail ID  | : manishpravin.joshi@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              | : Consent No:B-88225  |
|        | (xi) Status of Consents under Water Act and Air Act   | : Consent No:AWH-52938  |
| 2      | Type of Health Care Facility  | :   |
|        | (i) Bedded Hospital   | : NA  |
|        | (ii) Non – bedded hospital  | : 1- Clinic -Infosys Ltd  |
|        | (Clinic of Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) |   |
|        | (iii) License number and its date of expiry   | : LL/0010/DEC-2019 , 31 Mar-2025  |
| 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.     |   | : Yellow Category : 158.2 Kg  |

|   |   |   |
|---|---|---|
|   | Quantity of waste generated or disposed in Kg per annum (on monthly average basis)                          | Red Category : 0<br>White : 0.1 Kg<br>Blue Category : 0   |
| 5 | Details of the Storage, treatment, transportation, processing, and Disposal Facility                        |   |
|   | (I) Details of the on - site storage facility   | Size : 270 Sq. ft<br>Capacity : NA<br>Provision of on – site storage: (cold storage of another provision) - NA  |
|   | (ii) Details of the treatment or disposal facilities  | : Type of treatment No of Units Cap acit Kg/day treated or disposed In Kg annum<br>Equipment<br>-NA-<br>Incinerators<br>Plasma Pyrolysis<br>Autoclaves<br>Microwave<br>Hydroclave<br>Shredder<br>Needle tip cutter or Destroyer -<br>Sharps<br>Encapsulation or -<br>Concrete pit<br>Deep burial pits:<br>Chemical<br>Disinfection: -<br>Any other treatment<br>Equipment |
|   | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg annum.               | : Red Category (like plastic, glass etc.)<br>- NA-  |
|   | (iv) No of vehicles used for collection and transportation of biomedical waste                              | Vendor will collect the bio medical waste   |
|   | (v) Details of incineration ash and ETP sludge generated and disposed                                       | Quantity Generated Where disposed<br>- NA-  |
|   | During the treatment of wastes in Kg per annum  | Incineration<br>Ash - NA-<br>ETP Sludge   |
|   | (vi) Name of the Common Bio Medical Waste Treatment Facility Operator through which wastes are disposed of. | Hoshwin Incinerator   |
|   | (vi) Name of the Common Bio Medical Waste Treatment Facility Operator through which wastes are disposed of  | Hoshwin Incinerator   |
|   | (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        | Safety Committee will discuss every quarter/month |
| 7  | Details trainings conducted in BMW  | YES   |
|    | (i) Number of trainings conducted on BMW Management.  | 12  |
|    | (ii) number of personnel trained  | Concerned Personnel undergone for training        |
|    | (iii) number of personnel trained at the time of induction  | As on when required                               |
|    | (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.   | NIL   |
|    | (i) Number of Accidents occurred  | NA  |
|    | (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 2023 to December 2023

  
Authorized Signatory  
Venkatesh Sangam  
(Regional Head-Facilities)

Date: 19/06/2024  
Place: Indore