

Form - IV (See rule 13) Bio Medical Waste Annual Return for the Calender Year - 2021 **Application Type: Industry** Calender Year Submit To 2021 SRO-Aurangabad I 1) Particulars iii) Last Name i) First Name ii) Middle Name **RANGANATH PAPAL** iv) Designation vi) PAN No v) Aadhaar No 513445780633 AAEC58719B AGM-EHS vii) Address as per Aadhaar Card viii) Tel. No. ix) Fax No. **AURANGABAD** 9805030068 x) e-mail xi) URL of website ranganath.papal@sterlie.com www.sterlitetechnologies.com 2) Details of the Industry iii) Name of the contact person i) Name of the Industry ii) Email ranganath.papal@sterlie.com M/S STERLITE TECHNOLOGY LTD. RANGNATH PAPAL iv) Contact No. 9805030068 3) Address of the Industry i) Building Name/Building ii) Street / Village iii) City / Taluka No./Survey Number MIDC SHENDRA **AURANGABAD** A-1/7, SHENDRA FIVE STAR MIDC iv) District v) Pin-Code Number vi) Near by Landmark Aurangabad 431154 viii) Longitude coordinate vii) Latitude coordinate ix) Ownership 19 53 75.20 Private **Details of valid Combined Consent and BMW Authorization (CCA)** i)Authorization No. ii) Authorization validity Date SRO-AURANGABAD/BMW-Jun 30 2022 12:00:00:AM AUTH/1907000105 5) Status of Consents under Water Act and Air Act i)Consent Number ii)Consent validity Date Jun 30 2022 12:00:00:AM NA 6) Total No of Beds (As per valid Authorization) 3 7) Registration Number (e.g. Bombay Nursing Home reg. no., MSDC, MBTC) NA 8) Registration Expiry Date Jun 30 2022 12:00:00:AM 9) Faculty of Medicine Medical 10) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of M/s. Water Grace Products, Aurangabad 11) Details of BMW i) Authorized BMW Quantity Kg/month (as per valid CCA) Yellow 80.00000 Blue White 15.00000 Red

Yellow 0.36800		Red		Blue	White 0.00400		
Quantity of Biomedica	l waste given to	CBMWTDF (kg/	Month				
Yellow 0.3680 Red		Blue W		/hite 0.0040	General Solid Waste	General Solid Waste	
) Details trainings cond Number of trainings co		Management.					
Number of personnel t	rained						
Number of personnel t	rained at the tim	ne of induction					
number of personnel r	ot undergone an	y training so fa	ar				
whether standard man	ual for training is	available?					
any other information GULAR TRAINING FOR BM	N						
Details of the acciden Number of Accidents oc		g the year					
Number of the persons	affected						
Remedial Action taken	(Please attach d	letails if any)					
Any Fatality occurred,	If yes details.						
) Liquid waste generate	ed and treatment	methods in pl	ace. H	ow many times yo	u have not met the standards in a y	ear?	
) Is the disinfection me year?	thod or sterilizat	ion meeting th	e log 4	standards? How	nany times you have not met the st	andards	
) Whether HCE intende	d to Sale / Hando	ver liquid BMV	/ for R	&D purpose			
ace	Dos	ignation			Date		