

Form - IV (See rule 13) Bio Medical Waste Annual Return for the Calender Year - 2022 **Application Type: Industry Calender Year** Submit To SRO-Aurangabad I 2022 1) Particulars i) First Name ii) Middle Name iii) Last Name MILIND **PATIL** ANANDA iv) Designation v) Aadhaar No vi) PAN No PLANT HEAD 864490766761 AIOPP1444G vii) Address as per Aadhaar Card viii) Tel. No. ix) Fax No. **AURANGABAD** 0240262155 02402621551 x) e-mail xi) URL of website milind.patil@stelite.com http://WWW.sterlitetechnologies.com/ 2) Details of the Industry i) Name of the Industry ii) Email iii) Name of the contact person STERLITE TECHONLOGIES LIMITED milind.patil.stl.tech MILIND ANANDA PATIL iv) Contact No. 7507457225 3) Address of the Industry i) Building Name/Building No./Survey ii) Street / Village iii) City / Taluka SHENDRA MIDC Number **AURANGABAD** AL-23, FIVE STAR MIDC, SHENDRA v) Pin-Code Number vi) Near by Landmark iv) District Aurangabad 431154 viii) Longitude coordinate vii) Latitude coordinate ix) Ownership Private Details of valid Combined Consent and BMW Authorization (CCA) i)Authorization No. ii)Authorization validity Date lan 31 2025 12:00:00:AM SRO-AURANGABAD/ABD/BMW-AUTH/1708000469 5) Status of Consents under Water Act and Air Act i)Consent Number ii)Consent validity Date AURANGABAD/ABD/BMW-AUTH/1708000469 Jan 31 2025 12:00:00:AM 6) Total No of Beds (As per valid Authorization) 7) Registration Number (e.g. Bombay Nursing Home reg. no., MSDC, MBTC) 8) Registration Expiry Date Jan 31 2025 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 0.50000 Red 0.40000 **Blue** 1.00000 White

Yellow 0.03200		Red	Blue		White	
) Quantity of Biomedica	l waste given	to CBMWTDF (kg/Month) 			
Yellow 0.3900	ellow 0.3900 Red Blue		0.0000 White		General Solid Waste 0.3900	
) Details trainings cond Number of trainings co						
Number of personnel t	rained					
) Number of personnel	trained at the	time of induction				
number of personnel	not undergone	any training so far				
whether standard man	ual for trainin	g is available?				
) any other information						
B) Details of the accider Number of Accidents of		ring the year				
Number of the persons	affected					
Remedial Action taker	(Please attac	ch details if any)				
) Any Fatality occurred,	If yes details.					
1) Liquid waste generat	ed and treatm	ent methods in place. H	ow many times you	have not met the	standards in a year?	
5) Is the disinfection me ear? IS	thod or sterili	zation meeting the log	4 standards? How m	any times you ha	ve not met the standards in	
7) Whether HCE intende o	d to Sale / Hai	ndover liquid BMW for R	&D purpose			
ace		Designation		Date		