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Ref: BC/EHS/COM/21/06/13  
Date: 24/06/2021

**Biocon Limited**  
20th KM Hosur Road  
Electronics City  
Bangalore 560 100, India  
T 91 80 2808 2808  
F 91 80 2852 3423  
CIN : L24234KA1978PLC003417

[www.biocon.com](http://www.biocon.com)

To,

Office of the Environmental Officer,  
Karnataka State Pollution Control Board,  
Regional Office – Sarjapura division,  
Nisarga Bhavan, III floor (West wing),  
Saneguruvanahalli, Thimmaiah Road,  
Bengaluru – 560 001.

Dear Sir,

**Sub: Filling of Form-IV of Bio-medical waste annual returns for the Biocon Limited, 20<sup>th</sup> KM Hosur road, Electronic city post, Bengaluru-560100.**

With reference to the above subject, we are submitting details of biomedical waste annual returns in **Form-IV** for the year **2020**. Request you to kindly acknowledge the receipt on our 'office copy' enclosed and oblige.

Thanking you,

Yours sincerely  
For Biocon Limited-20<sup>th</sup> KM

A handwritten signature in black ink, appearing to read "K. S. Srinivasan".

Authorized Signatory





**Form - IV**  
**(See rule 13)**  
**ANNUAL REPORT**

[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 (HCF) or common bio-medical waste treatment facility (CBWTF)]


Sl.	Particulars	
1.	Particulars of the Occupier	:
	(i) Name of the authorized person (occupier or operator of facility)	: Krishne Gowda
	(ii) Name of HCF or CBMWTF	: M/s. Biocon Limited, 20 <sup>th</sup> KM, Hosur Road, Electronic city Post, Bengaluru-560100
	(iii) Address for Correspondence	: M/s. Biocon Limited, 20 <sup>th</sup> KM, Hosur Road, Electronic city Post, Bengaluru-560100
	(iv) Address of Facility	M/s. Biocon Limited, 20 <sup>th</sup> KM, Hosur Road, Electronic city Post, Bengaluru-560100
	(v) Tel. No, Fax. No	: (080) 2808 2662 & (080) 28523423
	(vi) E-mail ID	: krishne.gowda@biocon.com
	(vii) URL of Website	: <a href="http://www.biocon.com">www.biocon.com</a>
	(viii) GPS coordinates of HCF or CBMWTF	: NA
	(ix) Ownership of HCF or CBMWTF	: Private
	(x) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	: Authorization No.: PCB/RO-SJR/HCE/Reg no. 125330/2016-17/687 dated: 02/03/2017 Validity one-time (Permanent) authorization
	(xi) Status of Consents under Water Act and Air Act	: AW-302865 PCB ID: 10260 dt: 15/06/2017 & AW-320423 PCB ID: 10260 29/09/2020 Valid up from: 01/07/2016 to 30/06/2021
2.	Type of Health Care Facility	: Biopharmaceutical activity
	(i) Bedded Hospital	: NA
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	: NA
	(iii) License number and its date of expiry	: NA
3.	Details of CBMWTF	: M/s. Maridi Bio Industries Pvt Ltd 35 <sup>th</sup> Milestone, Kanakapura Road, Bengaluru 562112
	(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.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category: 3323.478 Kgs/annum Red Category : NA White: 1.820 Kgs/annum Blue Category: NA General Solid waste: NA									
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility											
	(i) Details of the on-site storage facility	:	Size : NA Capacity: NA Provision of on-site storage : (cold storage or any other provision)									
	Disposal facilities		<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/ day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>           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:         </td> <td></td> <td></td> <td>NA</td> </tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/ day	Quantity treated or disposed in kg per annum	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:			NA	
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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:			NA									
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.): NA									
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	01 Number									
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		<table border="1"> <thead> <tr> <th></th> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td>Incineration Ash:</td> <td>NA</td> <td></td> </tr> <tr> <td>ETP Sludge:</td> <td>NA</td> <td></td> </tr> </tbody> </table>		Quantity generated	Where disposed	Incineration Ash:	NA		ETP Sludge:	NA	
	Quantity generated	Where disposed										
Incineration Ash:	NA											
ETP Sludge:	NA											
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	M/s. Maridi Bio Industries Pvt Limited									

	(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 Do	Yes
7.	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	40 No's (Including Induction)
	(ii) number of personnel trained	
	(iii) number of personnel trained at the time of induction	726 No's (Including Induction)
	(iv) number of personnel not undergone any training so far	NIL
	(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	
	(ii) Number of the persons affected	NIL
	(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?	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 or sterilization meeting the log4 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-2020 to December-2020**

Date: 24/06/2021  
Place: Bengaluru

  
**(Krishne Gowda)**  
Name and Signature of the Head of the Institution/organization  
(Authorized Signatory)

**Biomedical Waste Storage Yard and Bar coding System in Biocon Limited, 20<sup>th</sup> KM site**

