

## Form - IV (See rule 13) Bio Medical Waste Annual Return for the Calender Year - 2023 **Application Type: Industry** Calender Year Submit To SRO-Pune I 2023 1) Particulars ii) Middle Name i) First Name iii) Last Name Shelke Vasant Bhaskar iv) Designation v) Aadhaar No vi) PAN No AAACE4574C 207615113655 AGM vii) Address as per Aadhaar Card viii) Tel. No. ix) Fax No. D-24 & D-24/1, MIDC, Kurkumbh, Tal. 7798880439 02117-235743 Daund. Dist. Pune x) e-mail xi) URL of website Bhaskar.Shelke@emcure.co.in https://www.emcure.com 2) Details of the Industry i) Name of the Industry ii) Email iii) Name of the contact person **Emcure Pharmaceuticals Limited** Bhaskar.Shelke@emcure.co.in Bhaskar Shelke iv) Contact No. 7798880439 3) Address of the Industry i) Building Name/Building ii) Street / Village iii) City / Taluka No./Survey Number MIDC Daund Plot No.: D-24 & D-24/1 iv) District v) Pin-Code Number vi) Near by Landmark 413802 Pune vii) Latitude coordinate viii) Longitude coordinate ix) Ownership 18.400860 74.519530 Private **Details of valid Combined Consent and BMW Authorization (CCA)** i)Authorization No. ii)Authorization validity Date MPCB-BMW AUTH-0000044553 Jun 1 2025 12:00:00:AM 5) Status of Consents under Water Act and Air Act i)Consent Number ii)Consent validity Date Format1.0/CAC/UAN Apr 30 2024 12:00:00:AM No.0000150948/CO/2303000462 6) Total No of Beds (As per valid Authorization) 7) Registration Number (e.g. Bombay Nursing Home reg. no., MSDC, MBTC) 10019204 8) Registration Expiry Date Dec 31 2023 12:00:00:AM 9) Faculty of Medicine occupational therapy 10) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of M/s. Jaibhavani BioMedicare Systems, Baramati 11) Details of BMW i) Authorized BMW Quantity Kg/month (as per valid CCA) Yellow 350.00000 Red **Blue** White

Yellow 82.33000		Red		Blue		White
i) Quantity of Biomedical	waste given to CBM	IWTDF (kg/Month □	)			
Yellow 82.3300 Red		Blue	Blue White		General Solid Waste	
2) Details trainings condu Number of trainings con		nagement.				
) Number of personnel ${f trace} 1$	ained					
<b>i) Number of personnel tr</b> 29	ained at the time o	f induction				
r) number of personnel no	ot undergone any tr	aining so far				
) whether standard manu es	al for training is av	ailable?				
i) any other information A						
3) Details of the accident Number of Accidents occ		e year				
) Number of the persons	affected					
i) Remedial Action taken	(Please attach deta	ils if any)				
<b>v) Any Fatality occurred, I</b>	f yes details.					
<b>4) Liquid waste generate</b> es	d and treatment me	thods in place. H	ow many tii	nes you h	ave not met the	e standards in a year?
5) Is the disinfection met year? es	hod or sterilization	meeting the log 4	l standards	? How ma	ny times you ha	ve not met the standards
.7) Whether HCE intended	to Sale / Handover	liquid BMW for R	&D purpose	1		
<b>Place</b> Curkumbh	Designa	ation t General Manager			<b>Date</b> 12-06-2024	