

Form - IV (See rule 13) Bio Medical Waste Annual Return for the Calender Year - 2021 **Application Type: Industry** Calender Year Submit To SRO-Pune I 2021 1) Particulars ii) Middle Name i) First Name iii) Last Name Satish Anantha Bhat vi) PAN No iv) Designation v) Aadhaar No VP -Operations & Site Head 301786637470 AGJPB2321E vii) Address as per Aadhaar Card viii) Tel. No. ix) Fax No. Near SLV Temple, Brahamavar 576213, 8956156301 Udipi, Karnataka x) e-mail xi) URL of website jubl.nira@jubl.com www.jubilantingrevia.com 2) Details of the Industry i) Name of the Industry ii) Email iii) Name of the contact person Jubilant Ingrevia Limited jubl.nira@jubl.com Mr.Satish Bhat iv) Contact No. 7756055500 3) Address of the Industry i) Building Name/Building ii) Street / Village iii) City / Taluka No./Survey Number Nimbut-Nira Baramati Duplex No -1 iv) District v) Pin-Code Number vi) Near by Landmark Pune 412102 vii) Latitude coordinate viii) Longitude coordinate ix) Ownership Private **Details of valid Combined Consent and BMW Authorization (CCA)** ii)Authorization validity Date i)Authorization No. SRO-PUNE1/BMW AUTH/2104000339 Mar 31 2023 12:00:00:AM 5) Status of Consents under Water Act and Air Act i)Consent Number ii)Consent validity Date Format 1.0/BO/CAC-Cell/UAN No. MPCB-Aug 31 2022 12:00:00:AM CONSENT-0000020570/2112000044 6) Total No of Beds (As per valid Authorization) 7) Registration Number (e.g. Bombay Nursing Home reg. no., MSDC, MBTC) NA 8) Registration Expiry Date Oct 31 2026 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 **Red** 5.00000 **Blue** 1.00000 White 1.00000

Yellow Red 0.60500		60500	Blue		White
i) Quantity of Biome	dical waste given to	CBMWTDF (kg/Month)		1	
Yellow	Red 0.6050	Blue	White	General So	olid Waste
2) Details trainings of Number of trainings		V Management.			
Number of personn	el trained				
i) Number of person	nel trained at the t	me of induction			
) number of personr	el not undergone a	ny training so far			
) whether standard r es	nanual for training	is available?			
i) any other informat A	ion				
3) Details of the acci Number of Accident		ng the year			
Number of the pers	ons affected				
i) Remedial Action ta o	ken (Please attach	details if any)			
o) Any Fatality occur	ed, If yes details.				
4) Liquid waste gene 0	rated and treatme	nt methods in place. Ho	ow many times you	ı have not met ti	ne standards in a year?
5) Is the disinfection year? 0	method or steriliz	ation meeting the log 4	standards? How n	nany times you h	nave not met the standards in
7) Whether HCE inte o	nded to Sale / Hand	lover liquid BMW for Ra	xD purpose		
Place	De	esignation		Date	