



JGL/EHS/KSPCB/2020-21/077

March 30, 2021

Environment Officer  
Karnataka State Pollution Control Board  
# 16, 5th Cross,  
10th Main,  
Saraswathipuram  
Mysore



Dear Sir,

**Subject: Furnishing annual returns (Form-IV) as required under The Bio Medical Waste (Management and Handling) Rules.**

Please find enclosed herewith the returns regarding the disposal of Bio Medical wastes in Form-IV for the period from **January'20 to December'20.**

This is for your kind information.

Thanking You

Yours faithfully  
For **JUBILANT GENERICS LTD**

  
**Vijay R**  
Senior Manager

A Jubilant Pharma Company

OUR VALUES



**Jubilant Generics Limited**  
# Plot No. 18, 56, 57 & 58  
KIADB Industrial Area, Nanjangud-571 302  
Mysore, Karnataka, India  
Tel: +91 8221 228402-8  
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Noida-201 301, UP India  
Tel: +91 (20 25)6601-11  
<http://www.jubilantpharma.com>

Regd Office:  
I-A, sector 16-A  
Noida-201 301, UP India  
CIN:U24100UP2013PLC060821

**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 of January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

<b>1.</b>	<b>Particulars of the applicant</b>	:	
	(i) Name of the authorized person (occupier or operator of facility)	:	Mr. Sunil Deshmukh Vice President & Site Head
	(ii) Name of HCF	:	M/s Jubilant Generics Limited – Occupation Health Centre
	(iii) Address for Correspondence	:	M/s Jubilant Generics Limited, Plot no.1,18,56-58, KIADB Industrial Area, Nanjangud - 571302
	(iv) Address of Facility	:	M/s Jubilant Generics Limited, Plot no.1,18,56-58, KIADB Industrial Area, Nanjangud - 571302
	(v) Tel. No, Fax No	:	08221-242500 , 08221-228410
	(vi) E-Mail ID	:	<a href="mailto:g-jgl.ehs@jubl.com">g-jgl.ehs@jubl.com</a>
	(vii) URL of Website	:	<a href="http://www.jubilantpharma.com">http://www.jubilantpharma.com</a>
	(viii) GPS coordinates of HCF	:	Occupational Health Center is Situated within the Boundary of M/s Jubilant Generics Limited Latitude: 12°07'5.81" – 12°08'30.0" North Longitude: 76°39'14.5" –76°39'31.5" East
	(ix) Ownership of HCF	:	Occupation Health Center owned by M/s Jubilant Generics Limited (Private)
	(x) Status of Authorization under the Bio-Medical Waste(Management and Handling ) Rules	:	No.KSPCB/RO-2,Mys(Rul)/EO/DEO/2020-21/467 dated 21.08.20 – One time Authorization
	(xi) Status of Consents under Water Act and Air Act	:	Valid up to : 30.06.2021
<b>2.</b>	<b>Type of Health Care Facility</b>		
	(i) Bedded Hospital	:	Nil
	(ii) Non – Bedded Hospital (clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any	:	<b>Ours is a Non – bedded occupational health center</b>

	other )														
3.	Details of CBMWTF	:	---NA---												
	(i) Number healthcare facilities covered by CBMWTF		--												
	(ii) No. of beds covered by CBMWTF		--												
	(iii) Installed treatment and disposal capacity of CBMWTF		--												
	(iii)Quantity of biomedical waste treated or disposal by CBMWTF		--												
4.	Quantity of waste generated or disposed in kg per annum (on monthly average basis)	:	<p>Yellow category: 703.2kg</p> <p>White category: 1.9 kg</p> <p>Blue category: Nil</p> <p>General Solid waste: Nil</p>												
5	Details of the storage, treatment, transportation, processing and Disposal facility														
	(i)Details of the on-site storage facility	:	NA												
	(ii)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 Paralysis Autoclaves Microwave Hydroclave Shredder</td> <td>3</td> <td>70+75+30 Ltr</td> <td>680.7 kg</td> </tr> <tr> <td>Needle tip cutter or destroyer Sharps encapsulation or concrete pit Deep Burial pits: Chemical disinfection: Any other treatment equipment:</td> <td>1</td> <td>---</td> <td>----</td> </tr> </tbody> </table>	Type of treatment Equipment	No of Units	Capacity Kg/day	Quantity treated or disposed In Kg per Annum	Incinerators Plasma Paralysis Autoclaves Microwave Hydroclave Shredder	3	70+75+30 Ltr	680.7 kg	Needle tip cutter or destroyer Sharps encapsulation or concrete pit Deep Burial pits: Chemical disinfection: Any other treatment equipment:	1	---	----
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	(iii)Quantity of recyclable wastes sold to authorized recyclers	:	NA												

	after treatment in kg per annum		
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	NA
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in kg per annum	:	NA
	(vi) Name of the common Bio-Medical waste treatment facility operator through which wastes are being disposed of	:	M/s. GIPS Biotech, Site No. 82, Gujje Gowdanapura, Jayapura Hobli, Mysore
	(vii) List of member HCF not handed over bio-medical waste.		NA
6	<b>Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period.</b>		NA
7.	Detail trainings conducted on BMW		Yes
	(i) Number of training conducted on BMW Management.		2
	(ii) Number of personnel trained		6
	(iii) Number of personnel trained at the time of induction		NA
	(iv) Number of personnel not undergone any training so far		NA
	(v) Whether standard manual for training is available?		Training given on BWM 2016 by CMO
	(vi) Any other information)		-
8	<b>Details of the accident occurred during the year</b>		NA
	(i) Number of Accidents occurred		-
	(ii) Number of the persons affected		-
	(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 log 4		NA

	standards? How many times you have not met the standards in a year?		
12	Any other relevant information		NA

Certified that the above report is for the period from January'20 – December'20.

*for [Signature]*  
 [Signature]  
**Name and Signature of the Head of the Institution**

**Date: March 30, 2021**  
**Place: Nanjangud**