



Date: 28th June, 2023

To,
The Environmental Engineer,
Regional Office,
Andhra Pradesh Pollution Control Board,
Visakhapatnam-530018.

Respected Sir,

Sub: Regarding the submission of Form 4 of Bio Medical Waste Annual Returns filing for the calendar year 2022.

We **Aragen Life Sciences Private Limited**, Unit-II, SEZ, Plot No.94, and Ramky Pharma City India Limited, Lemarthy Village, Parawada Mandal, Visakhapatnam-531019, Andhra Pradesh.

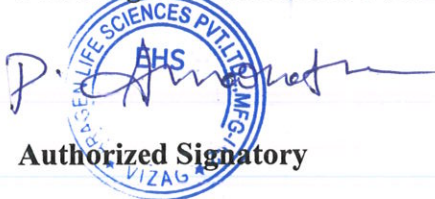
With reference to the above subject, we are herewith submitting the **Form 4 (Form for Filing annual returns)** of Bio Medical Waste for the calendar year 2022.

We kindly request you to acknowledge the same.

Thanking you

Yours Faithfully,

For Aragen Life Sciences Pvt. Ltd., UNIT-II


Authorized Signatory

Correspondence Address
Aragen Life Sciences Pvt. Ltd.
Plot No. 94, JN Pharma City (JNPC)
Parawada (M), Visakhapatnam 531 019, India
T: +918924 668700
W: aragen.com

Registered & Corporate Office
Aragen Life Sciences Pvt. Ltd.
28 A, IDA Nacharam, Hyderabad 500 076, India
T: +91 40 6692 9999 F: +91 40 6692 9900
CIN: U74999TG2000PTC035826

Form –IV
(See rule 13)
Annual Report

[To be submitted to the prescribed authority on or before 30th 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)]

| S. No | Particulars | | |
|-------|--|---|---|
| 1. | Particulars of the Occupier | : | |
| | (i) Name of the authorized person (occupier or operator of facility) | : | Mr. G Ramakrishna |
| | (ii) Name of HCF or CBMWTF | : | Aragen Life Sciences Private Limited, Manufacturing Unit-2 |
| | (iii) Address for Correspondence | : | Unit-II, SEZ, Plot No.94, and Ramky Pharma City India Limited, Lemarthy Village, Parawada Mandal, Visakhapatnam, 531019 |
| | (i) Address of Facility | | Unit-II, SEZ, Plot No.94, and Ramky Pharma City India Limited, Lemarthy Village, Parawada Mandal, Visakhapatnam, 531019 |
| | (ii) Tel. No. Fax. No. | | +91 9121014080 |
| | (V) E-mail ID | : | amarnath.paluru@aragen.com |
| | (i) URL of Website | : | www.aragen.com |
| | (ii) GPS coordinates of HCF or CBMWTF | | CBMWTF |
| | (iii) Ownership of HCF of CBMWTF | | Private |
| | (iv) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules. | : | Authorization No.: PCB/ROVSP/BMW/HCE- 1005/2023 dated 21.03.2023 Valid up to: 30.06.2028 |
| | (v) Status of Consents under Water Act and Air Act. | : | Order No. APPCB/VSP/385/HO/CFO/2015 Date: 23.08.2022 Valid up to: 31.08.2027 |
| 2. | Type of Health Care Facility | : | |
| | (i) Bedded Hospital | : | No. of Beds: 1 |
| | (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. | : | - |
| 3. | Details if CBMWTF | : | |
| | (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 disposal by CBMWTF | : | NA |

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(See rule 13)
Annual Report

| 4. | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | : | Yellow category: 8.863 kg /annum Red Category: 6.843 kg /annum White: 1.27 kg/annum Blue Category: 0.625 kg/annum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------|---|-----------------|--|-------------------|-----------------|-----------------|--|--------------|--|-----|--|------------------|--|-----|--|------------|--|-----|--|-----------|--|-----|--|------------|--|-----|--|----------|--|-----|--|--------------------------------|--|-----|--|--------------------------------------|--|-----|--|-------------------|--|-----|--|------------------------|--|-----|--|--------------------------------|--|-----|--|
| 5. | Details of the Storage, treatment, transportation, processing and Disposal Facility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (i) Details of the on-site storage facility | : | Size : -- Capacity: NA cu. meter Provision of on-site storage : The Biomedical waste is stored in color coded bins for not more than 48 hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (ii) Disposal Facilities | : | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Type of treatment</th> <th style="text-align: center;">No of Equipment</th> <th style="text-align: center;">Capacity Kg/day</th> <th style="text-align: center;">Quantity treated or Units disposed In Kg per Annum</th> </tr> </thead> <tbody> <tr><td>Incinerators</td><td></td><td style="text-align: center;">---</td><td></td></tr> <tr><td>Plasma Paralysis</td><td></td><td style="text-align: center;">---</td><td></td></tr> <tr><td>Autoclaves</td><td></td><td style="text-align: center;">---</td><td></td></tr> <tr><td>Microwave</td><td></td><td style="text-align: center;">---</td><td></td></tr> <tr><td>Hydroclave</td><td></td><td style="text-align: center;">---</td><td></td></tr> <tr><td>Shredder</td><td></td><td style="text-align: center;">---</td><td></td></tr> <tr><td>Needle tip cutter or Destroyer</td><td></td><td style="text-align: center;">---</td><td></td></tr> <tr><td>Sharps encapsulation or concrete pit</td><td></td><td style="text-align: center;">---</td><td></td></tr> <tr><td>Deep Burial pits:</td><td></td><td style="text-align: center;">---</td><td></td></tr> <tr><td>Chemical disinfection:</td><td></td><td style="text-align: center;">---</td><td></td></tr> <tr><td>Any other treatment equipment:</td><td></td><td style="text-align: center;">---</td><td></td></tr> </tbody> </table> | Type of treatment | No of Equipment | Capacity Kg/day | Quantity treated or Units disposed In Kg per Annum | Incinerators | | --- | | Plasma Paralysis | | --- | | Autoclaves | | --- | | Microwave | | --- | | Hydroclave | | --- | | Shredder | | --- | | Needle tip cutter or Destroyer | | --- | | Sharps encapsulation or concrete pit | | --- | | Deep Burial pits: | | --- | | Chemical disinfection: | | --- | | Any other treatment equipment: | | --- | |
| Type of treatment | No of Equipment | Capacity Kg/day | Quantity treated or Units disposed In Kg per Annum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incinerators | | --- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plasma Paralysis | | --- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Autoclaves | | --- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Microwave | | --- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hydroclave | | --- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shredder | | --- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Needle tip cutter or Destroyer | | --- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sharps encapsulation or concrete pit | | --- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deep Burial pits: | | --- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chemical disinfection: | | --- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any other treatment equipment: | | --- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (iii) Quantity of recyclable wastes sold to authorize recyclers after treatment in kg per annum. | : | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (iv) No of vehicles used for collection and transportation of biomedical waste. | : | 01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum) | : | Quantity Generated Where disposal Incineration Ash NA ETP Sludge | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of | : | Maridi Eco Industries (Andhra) Pvt. Ltd. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Form –IV
(See rule 13)
Annual Report**

| | | | |
|-----|---|---|---|
| | (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. | : | Yes |
| 7. | Detail trainings conducted on BMW | | |
| | (i) Number of training conducted on BMW Management. | | -- |
| | (ii) Number of personnel trained | | -- |
| | (iii) Number of personnel trained at the time of induction | | all |
| | (iv) Number of personnel not undergone any training so far. | | 0 |
| | (v) Whether standard manual for training is available ? | | Yes |
| | (vi) Any other information) | | Nil |
| 8. | Details of the accident occurred during the year | | No |
| | (i) Number of Accidents occurred | | NA |
| | (ii) Number of the persons affected | | NA |
| | (iii) Remedial Action taken (Please attach details if any) | | NA |
| | (iv) Any Fatality occurred, details. | | NA |
| 9. | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards? | | INCINERATOR NOT AVAILABLE WITH OUR ORGANIZATION. OUT SOURCED. |
| | Details of Continuous online emission monitoring systems installed | | OUT SOURCED |
| 10. | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year. | | NA |
| 11. | It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | | NA |
| 12. | Any other relevant information | | Nil |

Certified that the above report is for the period from **January 1, 2022 to December 31 2022.**

Date: 28-06-2023
Place: Visakhapatnam

Name and Signature

