

Form - IV

(See rule 13)

ANNUAL REPORT

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

Application Type: Industry		Submit To SRO-Aurangabad I	
i) Unit Name Sterlite Technologies Limited.	ii) Plant Name Sterlite Technologies Limited.	Site Harangabaa i	
1) Particulars			
i) First Name MILIND	ii) Middle Name ANANDA	iii) Last Name PATIL	
iv) Designation PLANT HEAD	v) Aadhaar No 864490766761	vi) PAN No AJQPP1444G	
vii) Address as per Aadhaar Card Anuprita Apt. Flat no.04 N5, CIDCO Aurangabad	viii) Tel. No. 0240262155	ix) Fax No. 02402621551	
x) e-mail milind.patil@sti.tech	xi) URL of website http://www.sterlitetechnologies.com/		
2) Details of the Industry			
i) Name of the Industry STERLITE TECHNOLOGIES LIMITED AL-23,MIDC SHENDRA ,AURANGABAD	ii) Email milind.patil@stl.tech	iii) Name of the contact person MILIND ANANDA PATIL	
iv) Contact No. 7507457225		•	
3) Address of the Industry			
i) Building Name/Building No./Survey Number STERLITE TECHNOLOGIES LIMITED AI 23,,MIDC SHENDRA ,AURANGABAD ,Aurangabad-431201 near NEAR COSMO FILMS	ii) Street / Village Shendra	iii) City / Taluka Aurangabad	
iv) District Aurangabad	v) Pin-Code Number 431154	vi) Near by Landmark	
vii) Latitude coordinate 19	viii) Longitude coordinate 75	ix) Ownership Private	
4) Status of Authorisation under the	ne Bio-Medical Waste (Management and Hand	dling) Rules	
i)Authorization No. SRO-AURANGABAD/ABD/BMW- AUTH/1708000469	ii)Authorization validity Date 2025-01-31		
5) Status of Consents under Water	Act and Air Act		
i)Consent Number BO/CAC- Cell/UANNo.0000059881-18/8th CAC/1903000876	ii)Consent validity Date 2021-01-31		
6) Total No of Beds (As per valid A	uthorization)		
7) Registration Number (e.g. Boml	pay Nursing Home reg. no.,MSDC,MBTC)	L31300MH2000PLC269261	
8) Registration Expiry Date		2025-01-31	
9) Faculty of Medicine Medical			

M/s. Water Grace Products , A		te Treatment F	Facility Operator throug	h which wastes are disposed of
l1) Details of BMW) Authorized BMW Quantit	ty MT/month (as	per valid CCA))	
Yellow 0.0014		Red	Blue	White 0.0005
i) Bio Medical Waste Gene	erated (Kg/day)			
Yellow 0.0015		Red	Blue	White 0.0004
i) Quantity of Biomedical	waste given to (BMWTDF (kg/	day)	
Yellow 0.0015	Red	Blue	White 0.0004	General Solid Waste
2) Details trainings condo Number of trainings con		Management.		
) Number of personnel tra	ained			
) Number of personnel tr	rained at the time	e of induction		
) number of personnel no	ot undergone an	y training so fa	ar	
) whether standard manu es	ıal for training is	available?		
i) any other information A				
3) Details of the accident Number of Accidents occ		the year		
Number of the persons	affected			
) Remedial Action taken	(Please attach d	etails if any)		
) Any Fatality occurred, I	If yes details.			
4) Liquid waste generate	d and treatment	methods in pl	ace. How many times yo	ou have not met the standards in a year?
5) Is the disinfection met ear? es	:hod or sterilizati	on meeting th	e log 4 standards? How	many times you have not met the standards in
		ation		Date