June 22, 2023

To,

The District Environmental Engineer, TNPC Board, Tiruvallur District, 77, South Avenue Road, Ambattur Industrial Estate, Chennai – 600058

Dear Sir,

Enclosed herewith Form IV – Annual Report of Bio – Medical Waste for the period January 2022 to December 2022.

Kindly Acknowledge receipt

Thanking You

Yours truly,

Dr.T.Jerold Ruban Cross Chief Medical Officer



ASHOK LEYLAND LIMITED

Ennore, Chennai - 600 057, India. T: +91 44 25759444 / 466 F: +91 44 25752273

Registered & Corporate Office: No. 1, Sardar Patel Road, Guindy, Chennai - 600 032, India
T: +91 44 2220 6000 | F: +91.44.2220 6001 | www.ashokleyland.com

CIN: L34101TN1948PLC000105

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)]

Sl.	Particulars		
No.	"	,	
1.	Particulars of the Occupier	;	M/s Ashok Leyland Ltd
	(i) Name of the authorised person (occupier or operator of facility)	• •	Chief Medical Officer
	(ii) Name of HCF or CBMWTF	:	Occupational Health Center
	(iii) Address for Correspondence	:	Ashok Leyland Ltd, Ennore, Chennai,600057
	(iv) Address of Facility		Ashok Leyland Ltd, Ennore, Chennai 600057
	(v)Tel. No, Fax. No	;	044-25759555/500
	(vi) E-mail ID	:	pyarchand.ale@ashokleyland.com
	(vii) URL of Website		N/A
	(viii) GPS coordinates of HCF or CBMWTF		N/A
	(ix) Ownership of HCF or CBMWTF		(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	•	Authorisation No.: 18BAC7093243valid up to Qne.Time
	(xi). Status of Consents under Water Act and 'Air Act		Valid up to: March 2026
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds:N/A
	(ii) Non-bedded hospital	:	Occupational Health Center
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		
	(iii) License number and its date of expiry		Applied for Clinical Establishment
3.	Details of CBMWTF	:	•
	(i) Number healthcare facilities covered by CBMWTF	:	N/A
	(ii) No of beds covered by CBMWTF	:	N/A
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_N/A Kg per day

	(iv) Quantity of biomedical waste treat by CBMWTF			:	_N/A_Kg	g/day				
4.	Quantity of waste generated or disposannum (on monthly average basis)	sed in	Kg per	:	Yellow C Red Cate White: Blue Cate	gory :	17 Kg	12 kg/Annum g/Annum /Annum		
5	Details of the Storage, treatment, transp	ortatio	n proces	oina a	General S	Solid wa	ste:			
	(i) Details of the on-site storage	:	Size	i:	75CMx30		У			
	facility		Capacit		25 Litres					
				•	on-site st		· / 1	1 .		
			any oth			orage	: (col	d storage or		
	(ii) Details of the treatment or	l :			atment	No	Cap	Quantity		
	disposal facilities		1	ment		of	acit	treatedo		
						unit	у	r		
						S	Kg/	disposed		
							day	in kg		
								per		
			Incin	erators				annum		
				na Pyr						
			I .	claves	•					
			Microwave							
			Hydr	oclave	;					
			Shree							
	•				cutter or		_			
					destroyer					
			Sharp							
			encar	ete pit			-			
				burial						
			Chem		F					
			disint	ection	:		-			
			-		reatment					
}	(iii) Overting of		equip							
	(iii) Quantity of recyclable wastes sold to authorized recyclers after	:	Red Cat		(like plasti	c, glass	etc.)			
ļ	treatment in kg per annum.				N/A					
-	(iv) No of vehicles used for collection	•	· · · · · · · · · · · · · · · · · · ·	···	***		····			
	and transportation of biomedical	•		1	N/A					
	waste									
	(v) Details of incineration ash and				Quantit	ty	Whe	ere		
	ETP sludge generated and disposed				generat	ed	disp	osed		

•:

during the treatment of most	
during the treatment of waste	1 1
per amium	Ash N/A
(vi) Nome of the Com-	ETP Sludge
	on Bio- ;
Medical Waste Treatment	
Operator through which was disposed of	stes are
(vii) List of member HCF not	handed Nil
over bio-medical waste. 6 Do you have bio-medical	
1 20 you mare old inculous	
management committee? If yes	
minutes of the meetings held	during
the reporting period	
7 Details trainings conducted on	
(i) Number of trainings condu	icted on . 06
BMW Management.	•
(ii) number of personnel traine	, , , , , , , , , , , , , , , , , , , ,
(iii) number of personnel tra	
the time of induction	18
(iv) number of personne	el not Nil
undergone any training so far	
(v) whether standard man	ual for Yes
training is available?	
(vi) any other information)	Nil
8 Details of the accident of	• • • • • • • • • • • • • • • • • • •
during the year	Nil Nil
(i) Number of Accidents occurr	;
(ii) Number of the persons affe	
(iii) Remedial Action taken	(Please
attach details if any)	
(iv) Any Fatality occurred, deta	ails.
9. Are you meeting the standard	
Pollution from the incinerator	r? How
many times in last year could	
the standards?	
Details of Continuous online e	mission
monitoring systems installed	
10 Liquid waste generated and tre	eatment
. methods in place. How many	y times N/A
you have not met the standar	
year?	
11 Is the disinfection meth-	od or
sterilization meeting the	log 4

	standards? How many times you have not met the standards in a year?		N/A
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)
			N/A

Certified that the above report is for the period from	
.January 2022 to December 2022	
	C al

Date:

Name and Signature of the Head of the Institution

Dr. T. JEROLD RUBAN CROSS, M.D., A.F.LH Reg. No - 79783 Chief Medical Officer Ashok Leyland, Ennore, Chennai-600 057.



June 27,2023.

REF: PE - C / 309 / 001 / 22 - 23.

The District Environmental Engineer, Tamil Nadu Pollution Control Board, Plot No.149 - A , First Floor, SIPCOT - I, Dharga, Hosur - 635126.

Dear sir,

Sub - Annual Report of Bio - Medical Waste for the year of 2022.

We are pleased to enclose the Annual report of Bio - Medical waste in form No - IV for the year of 2022.

Trust the details furnished are in order.

Thanking you,

Yours faithfully for ASHOK LEYLAND PLANT - 1

Ananthakrishnan.S.

Deputy Gen. Manager - Plant Engg.

ASHOK LEYLAND LIMITED

significação Gunglunaria Capa

TO WAS SECTIONE OF SHOULD

175, Sipcot Industrial Complex, Hosur - 635 126. India.

t: +91 4344 276631 f: +91 4344 276067

e : reachus@ashokleyland.com

Regd. Office: No. 1, Sardar Patel Road, Guindy, Chennai - 600 032. India.

t: +91 44 2220 6000 f: +91 44 2220 6001

CIN: L34101TN1948PLC000105

www.ashokleyland.com



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)]

SI.No.	Particulars		
1	Particulars of the Occupier	:	-
	(i) Name of the authorised person	:	Dr. Godwin Erastus SM - Chief Medical Officer
	(occupier or operator of facility)	_	
	(ii) Name of HCF or CBMWTF	:	Ashok Leyland Ltd., Plant - 1
	(iii) Address for Correspondence	:	Ashok Leyland Ltd., Plant - 1,
			No 175, SIPCOT Industrial Complex, SIPCOT, Phase - I, Zuzuwadi, Hosur-635126.
			Tel: +91 04344 - 276067 ; Fax: +91 04344 - 276480
	(iv) Address of Facility	:	M/s RAMKY Energy & Environment Ltd.,
			No - 52/2, Chenna Krishnapuram Extention,
			Meyor Nagar, Salem - 636007.
	(v)Tel. No, Fax. No	:	Tel: +91 0427 - 4041139
	(vi) E-mail ID	:	Godwinerastus. SM@ashokleyland.com
	(vii) URL of Website	:	www.ashokleyland.com
	(viii) GPS coordinates of HCF or CBMWTF	:	-
	(ix) Ownership of HCF or CBMWTF	:	Private
			Application under Process.
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules		
	waste (Management and Handing) Rules		
	(vi) Status of Consents under Motor Act and Air Act	:	Consent No - 2105240180491 & 2105140180491 Dt 29.08.2021.
	(xi) Status of Consents under Water Act and Air Act		Valid up to: 31 st March 2024.
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No.of Beds: Nil
	(ii) Non-bedded hospital	:	First Aid Center
	(Clinic or Blood Bank or Clinical Laboratory or Research		
	Institute or Veterinary Hospital or any other)		
	(iii) License number and its date of expiry	<u> </u>	N/A
3	Details of CBMWTF	i.	10/A
	(i) Number healthcare facilities covered by CBMWTF		N/A
	(ii) No of beds covered by CBMWTF	:	N/A
	(iii) Installed treatment and disposal capacity of	:	N/A
	CBMWTF:		IN/A
	(iv) Quantity of biomedical waste treated or disposed	:	N/A
Α.	by CBMWTF		
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Red Category: 11.48 kg/annum (0.957 kg/month)
	and the state of t		Yellow Category: 10.77 kg/annum (0.897 kg/month)
			White: 1.03 kg/annum (0.085 kg/month)
			Blue Category : 4.74 kg/annum (0.395 kg/month)
			General Solid waste : Nil

5	Details of the Storage, treatment, transportation, proce	ssin	g and Disposal Facility					
	(i) Details of the on-site storage		Size : Generated waste is stored & sent out within 48 hrs					
	facility		Capacity : Generated waste is stored & sent out within 48 hrs					
			Provision of on-site sto provision): Nil	rage : (c	old storage	or any other		
	(ii) Disposal facilities	:	Type of treatment equipment	No of Units	Capacity Kg/Day	Quantity treated or disposed in kg per annum		
			Incinerators	N/A	N/A	N/A		
			Plasma Pyrolysis N/A N/A N/A					
			Autoclaves	N/A	N/A	N/A		
			Microwave	N/A	N/A	N/A		
			Hydroclave	N/A	N/A	N/A		
			Shredder	N/A	N/A	N/A		
			Needle tip cutter or destroyer	· I N/A I N/A				
			Sharps encapsulation or concrete pit	N/A	N/A	N/A		
			Deep burial pits:	N/A	N/A	N/A		
			Chemical disinfection:	N/A	N/A	N/A		
			Any other treatment equipment: N/A N/A N/A N/A					
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.): Nil					
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	Nil (One by authorised third party for collection and disposal)					
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of	:		Where Disposed				
	wastes in Kg per annum		Incineration		N/A	N/A		
			Ash		N/A	N/A		
			ETP Sludge N/A N/A					
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	N/A					
	(vii) List of member HCF not handed over bio-medical waste.	:	N/A					
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	:	No					

7	Details trainings conducted on BMW	:	
	(i) Number of trainings conducted on BMW Management.	:	One training per month
	(ii) number of personnel trained	:	5 persons
	(iii) number of personnel trained at the time of induction	:	5 persons
	(iv) number of personnel not undergone any training so far	:	Nil
	(v) whether standard manual for training is available?	:	Yes (operating control procedure from OHC manual available)
	(vi) any other information?	:	and the same of th
8	Details of the accident occurred during the year	:	
	(i) Number of Accidents occurred	:	Nil
	(ii) Number of the persons affected	:	Nil
	(iii) Remedial Action taken (Please attach details if any)	:	Nil
	(iv) Any Fatality occurred, details.	:	Nil
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	:	N/A
	Details of Continuous online emission monitoring systems installed	:	N/A
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	;	N/A
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	:	N/A - No drug / fluid administration is done at the first aid center. Limited Injections are given by disposable needles.
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator) Nil

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

Date: 27.06.2023 Place: Hosur Name and Signature of the Head of the Institution
Dr. Godwin Erastus SM - Chief Medical Officer



Aapki Jeet, Hamari Jeet.

PE 920/071/2023 28th June 2023

The District Environmental Engineer Tamil Nadu Pollution Control Board, Plot No. 149-A, 1st Floor, Dharga, SIPCOT Industrial Complex, Hosur - 635126

Dear Sir,

Sub: Submission of Form-4 for filing annual returns of Bio-Medical Waste for the Period Jan'22 to Dec'22.

Please find enclosed herewith Form-4 duly filled for filing annual returns of Bio-Medical Waste for the period January 2022 to December 2022. This is for your information and records.

Kindly acknowledge receipt.

Thank You,

Yours truly,

For Ashok Leyland Ltd , Unit-2

M.Sivaprasad

AGM - Plant Engineering

Encl:

1) Duly filled Form-IV



ASHOK LEYLAND LIMITED

Unit - II, 77, Sipcot Electronics Complex, Phase II, Kumudepalli, Hosur - 635 109, India. T: +91 4344 269200 I F: +91 4344 260048

Regd. Office: No. 1, Sardar Patel Road, Guindy, Chennai - 600 032, India T: +91 44 2220 6000 | F: +91 44 2220 6001 CIN: L34101TN1948PLC000105 | www.ashokleyland.com

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)]

Sl.No.	Particulars				
1	Particulars of the Occupier				
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr. S.M.Godwin Erastus - Chief Medical Officer		
	(ii) Name of HCF or CBMWTF	:	Ashok Leyland Ltd., Unit-II		
	(iii) Address for Correspondence	:	Ashok Leyland Ltd., Unit-II, 77,SIPCOT Electronincs Complex,SIPCOT, Phase-II, Kumudepalli, Hosur-635109		
	(iv) Address of Facility	:	: Ashok Leyland Ltd., Unit-II, 77,SIPCOT Electronincs Complex,SIPCOT, Phase-II, Kumudepalli, Hosur-635109		
	(v)Tel. No, Fax. No	:	Tel: +91 04344 - 269200 ; Fax: +91 04344 - 260048		
	(vi) E-mail ID	:	Godwinerastus.SM@ashokleyland.com		
	(vii) URL of Website	:	www.ashokleyland.com		
	(viii) GPS coordinates of HCF or CBMWTF	:	Co-ordinates : 12.719478,77.877863		
	(ix) Ownership of HCF or CBMWTF		HCF: Ashok Leyland Ltd,Unit-2		
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 21BAC36105001 Dt:11.08.2021 Valid up to One time authorization		
	(xi). Status of Consents under Water Act and Air Act	:	Water & Air Act Consent valid up to: 31st March'24		
2	Type of Health Care Facility	:			
	(i) Bedded Hospital	:	No. of Beds: Nil		
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	First Aid Center		
	(iii) License number and its date of expiry	:	N/A		
3	Details of CBMWTF	:			
	(i) Number healthcare facilities covered by CBMWTF	:	N/A		
	(ii) No of beds covered by CBMWTF	:	N/A		
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	N/A		
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	N/A		
	Quantity of waste generated or disposed in Kg per	:	Yellow Category: 49.40 kg/annum (4.12 Kg/Month)		
	annum (on monthly average basis)		Red Category : 12.00 kg/annum (1 Kg/Month)		
			White: 0.56 kg/annum (0.04 Kg/Month)		
			Blue Category : NA (no glass items used)		
			General Solid waste : Nil		

7	Details trainings conducted on BMW	:	
	(i) Number of trainings conducted on BMW Management.	:	One training every quarter
	(ii) number of personnel trained	:	5 persons
	(iii) number of personnel trained at the time of induction	:	5 persons
	(iv) number of personnel not undergone any training so far	:	Nil
	(v) whether standard manual for training is available?	:	Yes (operating control procedure from OHC manual available
	(vi) any other information?	:	
8	Details of the accident occurred during the year	:	
	(i) Number of Accidents occurred	:	Nil
	(ii) Number of the persons affected	:	Nil
	(iii) Remedial Action taken (Please attach details if any)	:	Nil
	(iv) Any Fatality occurred, details.	:	Nil
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	:	N/A
	Details of Continuous online emission monitoring systems installed	:	VOC: Stack17,18,34&41 CAAQMS: PM 2.5,PM 10,So2,No2 & O3 OCEMS: ETP treated water(pH,TSS,COD,BOD & Output flow) STP treated water (pH,TSS,COD,BOD & Input flow)
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	:	N/A
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	*	N/A - No drug / fluid administration is done at the first aid center. Limited Injections are given by disposable needles.
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator) Nil

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

Dr.S.M.GODWIN ERASTUS, M.D., PGCIH.,

Reg.No: 75840 DGM-CHIEF MEDICAL OFFICER

Name and Signature of the Head of the Katton ND LTD. UN TS

Dr. S.M.Godwin Erastus - Chief Medical Office OSUR

Date:28.06.2023

Place: Hosur

for S. Det for If.
Verified by Dr. Gautan



Form - IV (See rule 13) Bio Medical Waste Annual Return for the Calender Year - 2022 **Application Type: Industry** Calender Year Submit To 2022 SRO-Bhandara 1) Particulars i) First Name ii) Middle Name iii) Last Name Dr Manohar Rameshrao Kamble iv) Designation v) Aadhaar No vi) PAN No Chief Medical Officer 680263638736 AXHPK6333I ix) Fax No. vii) Address as per Aadhaar Card viii) Tel. No. Flat No. 18, Shri Rang Enclave, Paithan 9552550678 07184274430 Road, Aurangabad x) e-mail xi) URL of website Manohar.Kamble@ashokleyland.com www.ashokleyland.com 2) Details of the Industry i) Name of the Industry ii) Email iii) Name of the contact person Ashok Leyland Ltd Manohar.Kamble@ashokleyland.com Dr. Manohar Kamble iv) Contact No. 9552550678 3) Address of the Industry i) Building Name/Building ii) Street / Village iii) City / Taluka No./Survey Number National Highway No-6, Gadegaon Village Lakhani Ashok Leyland, Ltd., Plot No 1, MIDC Gadegaon iv) District v) Pin-Code Number vi) Near by Landmark Bhandara 441904 vii) Latitude coordinate viii) Longitude coordinate ix) Ownership 21.0821 79.7861 Private **Details of valid Combined Consent and BMW Authorization (CCA)** i)Authorization No. ii) Authorization validity Date MPCB-BMW_AUTH-0000046397 Sep 6 2025 12:00:00:AM 5) Status of Consents under Water Act and Air Act ii)Consent validity Date i)Consent Number Format 1.0/CAC/UAN Sep 30 2025 12:00:00:AM No.0000143739/CR/2211001338 6) Total No of Beds (As per valid Authorization) 7) Registration Number (e.g. Bombay Nursing Home reg. no., MSDC, MBTC) 2001072742 Feb 27 2027 12:00:00:AM 8) Registration Expiry Date 9) Faculty of Medicine Medical 10) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of M/s. M/s. Superb Hygiene Disposals, Nagpur 11) Details of BMW i) Authorized BMW Quantity Kg/month (as per valid CCA) **Blue** 5.00000 White 5.00000 Yellow 5.00000 **Red** 5.00000

i) Bio Medical Waste (Generated (K	(g/month)			1		
Yellow 0.24000		Red 0.18300	Blue 0.0380	0	White 0.03300		
ii) Quantity of Biomed	lical waste g	iven to CBMWTDF (kg/Mo	nth)				
Yellow 0.2400	Red 0.18	Blue 0.0380	White 0.0330	General S	Solid Waste 0.3000		
12) Details trainings c i) Number of trainings 6							
ii) Number of personn	el trained						
iii) Number of personn 2	el trained at	the time of induction					
v) number of personn	el not under	gone any training so far					
v) whether standard n Yes	nanual for tra	aining is available?					
vi) any other informat Operational control proce		handling being followed					
13) Details of the accidents) Number of Accidents		d during the year					
i) Number of the pers	ons affected						
iii) Remedial Action ta No	ken (Please	attach details if any)					
i v) Any Fatality occurr No	ed, If yes de	tails.					
14) Liquid waste gene Yes	rated and tro	eatment methods in place	e. How many times yo	u have not m	et the standards in a year?		
15) Is the disinfection a year? Yes	method or s	terilization meeting the l	og 4 standards? How	many times y	ou have not met the standards i		
17) Whether HCE inte r No	nded to Sale	/ Handover liquid BMW fo	or R&D purpose				
Place Ashok Leyland Ltd, Bhandara Designation Chief Medical Officer 16-06-2023							



MKS:AL:PS:23-24

24.06.2023

Regional Office

Rajasthan Pollution Control Board,

D- Block, Ambedkar Nagar

Alwar

Sub: Submission of Form-4

Dear Sir,

We are pleased to enclosed herewith duly filled up form-4 for maintaining the records of Bio Medical wastes,

We at Ashok Leyland Ltd. Are fully committed for protecting the environment.

For your information and needful please.

Thanking you,

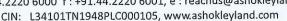
Yours faithfully, For Ashok Leyland Ltd.,

Regional Office alacthan State Poliumon Control Board D-Stock Wulledke, Medat. Whitele

Mukesh Sharma Sr. Mgr. PS

ASHOK LEYLAND LIMITED

Plot No. SPL 298, Matsya Industrial Area Alwar - 301 030. (Rajasthan) t: +91.0144 2881317/425/429/512/513/515/522 f: +91.0144 2881355 Registered Office: No.1, Sardar Patel Road, Guindy, Chennai 600 032, India. t: +91.44.2220 6000 f: +91.44.2220 6001, e: reachus@ashokleyland.com,





From –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)]

l. lo	Particulars					
	Particulars of the Occupier	.:	Consectable Sections			
	(i) Name of the authorized person (occupier or operator of facility)	:	Mr. Anil Kumar Vijay			
	(ii) Name of HCF or CBMWTF	15	Ashok Leyland Ltd., Alv	var		2 EV. 25
	(iii) Address for Correspondence	:	SPL-298, MIA (Matasya 301030, Rajasthan.		rial Area), A	lwar -
	(i) Address of Facility		SPL-298, MIA (Matasya 301030, Rajasthan.	a Indust	rial Area), A	lwar -
	(ii) Tel. No. Fax. No.	6:0	Tel.: +91 144 - 288131	7		
	(V) E-mail ID		Mukesh.Kumar@ashok	10	com	
	(i) URL of Website		www.ashokleyland.con			
	(ii) GPS coordinates of HCF of CBMWTF	i ·	www.asriokicyiaria.com			
	(iii) Ownership of HCF of CBMWTF		Private			
	(iv) Status of Authorization under the Bio-Medical		Authorization No. : NIL	•		
	Waste (Management and Handing) Rules.		Valid up to :-			
	(v) Status of Consents under Water Act and Air Act.	:	Valid up to: 31 March 2	026		
	Type of Health Care Facility				**	
	(i) Bedded Hospital	1	No. of Beds : 2			
	(ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		First Aid Centre			
	(iii) License number and its date of expiry.		N/A			
4	Details if CBMWTF	:				1000
	(i) Number healthcare facilities covered by CBMWTF		N/A			
	(ii) No. of beds covered by CBMWTF	•	N/A			
	(iii) Installed treatment and disposal capacity of CBMWTF		N/A Kg per day			
	(iv) Quantity of biomedical waste treated or disposal by CBMWTF	•	N/A Kg/day			
			Yellow category: 2.967 Red Category: (NIL)	Kg		1
	Quantity of waste generated or disposed in Kg per		White: (No Waste sharp	s gener	rated)	
	annum (on monthly average basis)		Blue Category: (No Gla	ss Items		
			General Solid waste :(N	IIL)		250
	Details of the Storage, treatment, transportation, proce	ssir				A STATE
			Size : NIL	140	3-14	
	(i) Details of the on site storing facility		Capacity: NIL	11117	and the second	-
	(i) Details of the on-site storage facility		Provision of on-site stor	age: (co	old storage	or any
			other provision)			
			Type of treatment Equipment	No of Units	Capacity Kg/day	Quantit treated dispose In Kg p
						Annum
			Incinerators	NIL	NIL	NIL
			Diagrae Dimeliati		N.111	NIL
			Plasma Pyrolysis	NIL	NIL	
			Autoclaves	NIL NIL	NIL	. NIL
	(ii) Dispersal Facilities		Autoclaves Microwave	NIL NIL NIL	NIL NIL	NIL NIL
	(ii) Disposal Facilities		Autoclaves Microwave Hydroclave	NIL NIL NIL NIL	NIL NIL NIL	NIL NIL NIL
	(ii) Disposal Facilities		Autoclaves Microwave Hydroclave Shredder Needle tip cutter or	NIL NIL NIL	NIL NIL	NIL NIL NIL
	(ii) Disposal Facilities		Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps encapsulation	NIL NIL NIL NIL	NIL NIL NIL	NIL NIL NIL NIL
	(ii) Disposal Facilities		Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps encapsulation or concrete pit	NIL NIL NIL NIL NIL	NIL NIL NIL NIL NIL	NIL NIL NIL NIL
	(ii) Disposal Facilities		Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps encapsulation or concrete pit Deep burial pits	NIL NIL NIL NIL NIL NIL	NIL NIL NIL NIL NIL	NIL NIL NIL NIL NIL
	(ii) Disposal Facilities		Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps encapsulation or concrete pit	NIL NIL NIL NIL NIL	NIL NIL NIL NIL NIL	NIL NIL NIL NIL NIL NIL

	recyclers after treatment in kg per annum.		
1	(iv) No of vehicles used for collection and transportation of biomedical waste.		N/A
	(v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum)		Quantity Where generated disposed Incineration NIL NIL Ash NIL NIL ETP Sludge NIL NIL
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		Hoswin Incinerator
	(vii) List of members HCF not handed over bio- medical waste.		N/A
	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period.		N/A
	Detail trainings conducted on BMW (i) Number of training conducted on BMW Management.		N/A
(I=1)	(ii) Number of personnel trained		N/A
	(iii) Number of personnel trained at the time of induction		N/A
	(iv) Number of personnel not undergone any training so far.		N/A
	(v) Whether standard manual for training is available?		Yes (Operation Control Procedure available)
4	(vi) Any other information)		N/A
	Details of the accident occurred during the year		
	(i) Number of Accidents occurred	:	NIL
10	(ii) Number of the persons affected	:	NIL .
	(iii) Remedial Action taken (Please attach details if any)		NIL .
9	(iv) Any Fatality occurred, details.	:	NIL
	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		N/A
	Details of Continuous online emission monitoring systems installed		N/A
).	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year.		N/A
	It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		N/A
2.	Any other relevant information	:	(Air Pollution Control Device attached with the incinerator.)

Certified that the above report is for the period from 1st Apr 2022 to 31st Mar 2023

AUTHORISED EIGNATORY

ASHOK LEYLAND M.I.A. ALWAR-301030

Name and Signature of the Head of the Institution

Date: 06.06.2023 Place: Alwar

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)]

	by the occupier of health care facility (HCF) or common b			,, (02	,				
Sl. No.	Particulars								
1	Particulars of the Occupier :								
	(*) No constitution that it is a factor of the constitution of the		Mr.Vishal Singh						
	(i) Name of the authorised person (occupier or operator of facility)	:							
	(ii) Name of HCF or CBMWTF	:	: Ashok Leyland Limited						
	(iii) Address for Correspondence	:	Plot No-1, Sctor-12,IIE,PA						
	(iv) Address of Facility	:	Plot No-1, Sctor-12,IIE,PANTNAGAR,Uttarakhand						
	(v)Tel. No, Fax. No	:	9873361188						
	(vi) E-mail ID	:	Vishal.Singh@ashokleyland.com						
	(vii) URL of Website	:	www.ashokleyland.com						
	(viii) GPS coordinates of HCF or CBMWTF	:							
	(ix) Ownership of HCF or CBMWTF (State Government or Private or	:	Public Limited Company						
	Semi Govt. or any other)								
	(x). Status of Authorisation under the Bio-Medical Waste	:	Authorisation No.:	UEPP	CB/ROK/BM	W-271/19/959			
	(Management and Handling) Rules		Valid Upto		ONE T	IME			
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:		31.03.2	2023			
2	Type of Health Care Facility :		·						
	(i) Bedded Hospital	:	No. of Beds:		Not Appl	icable			
	,	:	Occupational Health Cent	re (Firs					
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or		Factory Act			,,			
	Research Institute or Veterinary Hospital or any other)		r detary rice						
	(iii) License number and its date of expiry		No	ot Applio	rable				
3	Details of CBMWTF			ot Applic					
3	(i) Number healthcare facilities covered by CBMWTF	:		ot Applic					
	(ii) No of beds covered by CBMWTF	-		ot Applic					
	(iii) Installed treatment and disposal capacity of CBMWTF	÷		ot Applic					
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	•							
4					t Applicable				
4	Quantity of waste generated or disposed in Kg per annum (on		Yellow Category: 14.884						
	monthly average basis)		Red Category: 9.609						
			White:	Nil 0.35					
			Blue Category :						
			General Solid waste:		Nil				
5	Details of the Storage treatment transpor		ansportation, processing and Disposal Facility						
	betails of the storage, treatment, transpor	tatic	on, processing and Dispo	sai Faci	•				
		tatic	on, processing and Dispo	sai Faci	-	icable			
	(i) Details of the on-site storage facility	tatic	Size :	Sai Faci	Not Appl				
		tatic	Size : Capacity :	Sai Faci	Not Appl Not Appl	icable			
		tatic	Size : Capacity : Provision of on-site	sai Faci	Not Appl	icable			
		tatic	Size : Capacity : Provision of on-site storage : (cold storage or	Sai Faci	Not Appl Not Appl	icable			
	(i) Details of the on-site storage facility	tatio	Size: Capacity: Provision of on-site storage: (cold storage or any other provision)		Not Appl Not Appl Not Appl	icable icable			
		tatio	Size : Capacity : Provision of on-site storage : (cold storage or any other provision) Type of treatment	No of	Not Appl Not Appl Not Appl Capacity	icable icable Quantity			
	(i) Details of the on-site storage facility	tatio	Size: Capacity: Provision of on-site storage: (cold storage or any other provision)		Not Appl Not Appl Not Appl	icable icable Quantity treated or			
	(i) Details of the on-site storage facility	tatio	Size : Capacity : Provision of on-site storage : (cold storage or any other provision) Type of treatment	No of	Not Appl Not Appl Not Appl Capacity	Quantity treated or disposed in			
	(i) Details of the on-site storage facility	tatio	Size : Capacity : Provision of on-site storage : (cold storage or any other provision) Type of treatment equipment	No of units	Not Appl Not Appl Not Appl Capacity Kg/Day	Quantity treated or disposed in Kg per			
	(i) Details of the on-site storage facility	tatio	Size : Capacity : Provision of on-site storage : (cold storage or any other provision) Type of treatment equipment Incinerators	No of units	Not Appl Not Appl Not Appl Capacity Kg/Day	Quantity treated or disposed in Kg per			
	(i) Details of the on-site storage facility	tatio	Size: Capacity: Provision of on-site storage: (cold storage or any other provision) Type of treatment equipment Incinerators Plasma Pyrolysis	No of units N/A N/A	Not Appl Not Appl Not Appl Capacity Kg/Day	Quantity treated or disposed in Kg per N/A N/A			
	(i) Details of the on-site storage facility	tatic	Size: Capacity: Provision of on-site storage: (cold storage or any other provision) Type of treatment equipment Incinerators Plasma Pyrolysis Autoclaves	No of units N/A N/A N/A	Not Appl Not Appl Not Appl Capacity Kg/Day N/A N/A N/A	Quantity treated or disposed in Kg per N/A N/A N/A			
	(i) Details of the on-site storage facility	tatic	Size: Capacity: Provision of on-site storage: (cold storage or any other provision) Type of treatment equipment Incinerators Plasma Pyrolysis	No of units N/A N/A	Not Appl Not Appl Not Appl Capacity Kg/Day	Quantity treated or disposed in Kg per N/A N/A			
	(i) Details of the on-site storage facility		Size: Capacity: Provision of on-site storage: (cold storage or any other provision) Type of treatment equipment Incinerators Plasma Pyrolysis Autoclaves	No of units N/A N/A N/A	Not Appl Not Appl Not Appl Capacity Kg/Day N/A N/A N/A	Quantity treated or disposed in Kg per N/A N/A N/A			
	(i) Details of the on-site storage facility	:	Size: Capacity: Provision of on-site storage: (cold storage or any other provision) Type of treatment equipment Incinerators Plasma Pyrolysis Autoclaves Microwave	No of units N/A N/A N/A N/A N/A	Not Appl Not Appl Not Appl Capacity Kg/Day N/A N/A N/A N/A	Quantity treated or disposed in Kg per N/A N/A N/A N/A			
	(i) Details of the on-site storage facility	:	Size: Capacity: Provision of on-site storage: (cold storage or any other provision) Type of treatment equipment Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave	No of units N/A N/A N/A N/A N/A N/A	Not Appl Not Appl Not Appl Capacity Kg/Day N/A N/A N/A N/A N/A N/A	Quantity treated or disposed in Kg per N/A N/A N/A N/A N/A N/A			
	(i) Details of the on-site storage facility	:	Size: Capacity: Provision of on-site storage: (cold storage or any other provision) Type of treatment equipment Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter	No of units N/A N/A N/A N/A N/A N/A N/A	Not Appl Not Appl Not Appl Capacity Kg/Day N/A N/A N/A N/A N/A N/A N/A	Quantity treated or disposed in Kg per N/A N/A N/A N/A N/A N/A N/A			
	(i) Details of the on-site storage facility	:	Size : Capacity : Provision of on-site storage : (cold storage or any other provision) Type of treatment equipment Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder	No of units N/A N/A N/A N/A N/A N/A	Not Appl Not Appl Not Appl Capacity Kg/Day N/A N/A N/A N/A N/A N/A	Quantity treated or disposed in Kg per N/A N/A N/A N/A N/A N/A			
	(i) Details of the on-site storage facility	:	Size: Capacity: Provision of on-site storage: (cold storage or any other provision) Type of treatment equipment Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter ordestroyerSharps Encapsulation or	No of units N/A N/A N/A N/A N/A N/A N/A	Not Appl Not Appl Not Appl Capacity Kg/Day N/A N/A N/A N/A N/A N/A N/A N/A N/A	Quantity treated or disposed in Kg per N/A N/A N/A N/A N/A N/A N/A N/A			
	(i) Details of the on-site storage facility	:	Size: Capacity: Provision of on-site storage: (cold storage or any other provision) Type of treatment equipment Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter ordestroyerSharps Encapsulation or concrete pit	No of units N/A N/A N/A N/A N/A N/A N/A N/A	Not Appl Not Appl Not Appl Not Appl Capacity Kg/Day N/A N/A N/A N/A N/A N/A N/A N/A N/A N/	Quantity treated or disposed in Kg per N/A			
	(i) Details of the on-site storage facility	:	Size: Capacity: Provision of on-site storage: (cold storage or any other provision) Type of treatment equipment Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter ordestroyerSharps Encapsulation or concrete pit Deep burial pits	No of units N/A N/A N/A N/A N/A N/A N/A N/A N/A N/	Not Appl Not Appl Not Appl Not Appl Capacity Kg/Day N/A N/A N/A N/A N/A N/A N/A N/A N/A N/	Quantity treated or disposed in Kg per N/A			
	(i) Details of the on-site storage facility	:	Size: Capacity: Provision of on-site storage: (cold storage or any other provision) Type of treatment equipment Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter ordestroyerSharps Encapsulation or concrete pit	No of units N/A N/A N/A N/A N/A N/A N/A N/A	Not Appl Not Appl Not Appl Not Appl Capacity Kg/Day N/A N/A N/A N/A N/A N/A N/A N/A N/A N/	Quantity treated or disposed in Kg per N/A			

	iii) Quantity of recyclable wastes sold to authorized recyclers after	:	Red Category (like plastic, glass etc.) N/A				
	treatment in kg per annum.						
	(iv) No of vehicles used for collectionand transportation of		Not Appli	cable			
	biomedicalwaste	:	:				
	v) Details of incineration ash and ETP sludge generated and disposed			Quantity	Where		
	during the treatment of wastes in Kg	:		generated	Disposed		
	per annum		Incineration Ash	N/A	N/A		
			ETP SLUDGE	N/A	N/A		
	(vi) Name of the Common Bio-Medical Waste Treatment Facility	:	M/s Global Environmental Solution	on,Vill-Lamba	Khera, P.O		
	Operator through which wastes are disposed of		Khnpur, Gadarpur Road,Rudrapu				
			263152		Mob		
			8057700031,8057800031				
	(vii) List of member HCF not handed over bio-medical waste.	:					
6	Do you have bio-medical waste management committee? If yes,	:	N/A				
	attach minutes of the meetings held during the reporting period		<u> </u>				
7	Details trainings conducted on BMW		N/A				
	(i) Number of trainings conducted onBMW Management.	:					
	(ii) number of personnel trained	:	·				
	(iii) number of personnel trained at the time of induction	:					
	iv) number of personnel notundergone any training so far	:	·				
	v) whether standard manual for training is available?	:					
	(vi) any other information)	:	,				
8	Details of the accident occurred during the year		N/A	N/A			
	(i) Number of Accidents occurred	:					
	(ii) Number of the persons affected	:	,				
	(iii) Remedial Action taken (Please attach details if any)	:	: N/A				
	(iv) Any Fatality occurred, details.	:	N/A				
9		:	N/A				
	Are you meeting the standards of air Pollution from the incinerator?						
	Howmany times in last year could not met the standards?						
		:	N/A				
	Details of Continuous online emission monitoring systems installed						
10	Liquid waste generated and treatment methods in place. How many	:	N/A				
	times you have not met the standards in ayear?		· ·				
11	Is the disinfection method or sterilization meeting the log 4	:	: N/A				
	standards? How many times you have						
	not met the standards in a year?						
12	Any other relevant information	: (Air Pollution Control Devices attached with the Incinerator					
		N.A.					

Certified that the above report is for the period from----1St January'2022 to 31st Dec'2022

Date:13.03.2023 Place: Pantnagar (Vishal Singh) Head-HR Pantnagar Ref: CMD/22-23/SPCB/4 Date: 13th Mar'2023

The Regional Officer,
Uttarakhand Environment Protection
and Pollution Control Board,
1st Floor, Chamunda Complex, Ramnagar Road,
KASHIPUR (U.S.Nagar)-244713

EVEROCATION IVR:6986890641951

SP RUDARPUR SD (263153)

Counter No:1,16/03/2023,12:41

To:MEMBER SECRAT,UK POL CON BOARD

PIN:248001, Dehraden SPO

From:AMIT GOEL,.

Wt:300ms

Amt:41.38(Cash/Tax:6.30

(Track on www.indiapost.gov.in)

(N:248001, Goar)(4848) (Wear Marks Communication)

Subject: Annual return of Biomedical waste for the Year of 2022

Dear Sir,

Please find enclosed herewith the Annual return of Biomedical waste for the Year of 2022 (Jan 2022 to Dec 2022), duly filled in form-IV for the year 2022

Kindly acknowledge the receipt.

Thanking You,

For, Ashok Leyland Ltd.

Vishal Singh

Head-HR Pantnagar

Encl: Annual return duly filled in Form-IV

CC: 1. Member Secretary

Uttarakhand Environment Protection and Pollution Control Board
Gaura Devi Bhawan,46B IT Park, Sahastradhara, Dehradun (Uttarakhand),248001

2. District Magistrate, Udham Singh Nagar, Uttarakhand

3. Chief Medical Officer, Udham Singh Nagar, Uttarakhand

16 3 23

ASHOK LEYLAND LIMITED

Plot No.1, Sector - 12, IIE, Pantnagar, Uttarakhand - 263153

t:+91.05944-259199

Registered & Corporate Office: No. 1, Sardar Patel Road, Guindy, Chennai - 600 032, India T: +91 44 2220 6000 | F: +91.44.2220 6001 | www.ashokleyland.com

CIN. 12/101TN19/18DI COONING

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 health care facility(HCF), or common bio-medical waste treatment facility (CBWTF)]

Return No: 53732226 **Period:** 2022-2023

1. Particulars of the Occupier	
(i) Name of the authorized person (Occupier or operator of facility):	SHENU AGARWAL
(ii) Name of HCF or CBMWTF:	ASHOKLEYLAND LIMITED , TECHNICAL CENTER
(iii) Address for Correspondence:	Vellivoyal chavadi
(iv) Address of Facility:	Vellivoyal chavadi
(v) Tel. No.:	9600093475
(vi) Fax. No.:	-
(vii) E-mail ID:	krishnan.ag@ashokleyland.com
(viii) URL of Website:	-
(ix) GPS coordinates of HCF of CBMWTF:	13.233914 N,80.275978 E
(x) Ownership of HCF or CBMWTF:	Private
(xi) Status of Authorization under the BMW (Managementand Handing) Rules:	Authorization No.: 21BAC11950057 Valid Upto: 26/06/2023
(xii) Status of Consents under Water Act and Air Act.:	Valid Upto: 26/06/2023
2. Type of Health Care Facility	
HCF/CBMWTF Type:	HCF
(i) No. of Beds(for Bedded Hospital):	0.0
(ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other):	First Aid centre
(iii) Licence Number:	0
(iv) Licence date of expiry:	
3. Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category: 3 Red Category: 2.4 White Category: 0 Blue Category: 3 General Solid Waste: 0
4. Details of the Storage, Treatment, Transportation, Process	sing and Disposal Facility Details
(i) Details of the on-site storage facility:	Size: 1 Capacity: 1 Provision of on-site storage: CLOSED BINS

(ii) Disposal Facility:		Type of Treatmen t Equipmen t	of U	nber Jnits	Capacit Kg/day	y(Quantity Treated or Disposed(Kg/annu m)
		cutter or destroyer				
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum:	0.0					
(iv) No of vehicles used for collection and transportation of BMW:	0					
(v) Details of incineration, ash and ETP sludge generated, disposal during the treatment of wastes in Kg per annum		Type of wa	ste		ntity erated	Where disposal
				List is	Empty	
(vi) Name of the Common BMW Treatment Facility Operator through which wastes are disposed of:	RE SU	<i>ISTAINABILI</i>	ITY IW	/MSOI	LUTION L	TD
5. Do you have BMW management committee:	no					
6. Training Conducted on BMW Details						
(i) Number of training conducted on BMW Management:	0					
(ii) Number of personnel trained:	5					
(iii) Number of personnel trained at the time of induction:	5					
(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					
7. Details of the accident occurred						
(i) No. of accident occurred:	0					
(ii) Number of the persons affected:	0					
(iii) Remedial Action taken:	NILL					
(iv) Any Fatality occurred, details:	NILL					
8. Are you meeting the standards of air Pollution from the incinerator?. How many times in last year could not met the standards?:	NOT APPLICABLE					
Details of Continuous online emission monitoring systems installed:	NOT APPLICABLE					
9. Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year:	NOT A	APPLICABLI	Ξ			
10. Is the disinfection method or sterilization meeting the log for standards? How many times you have not met the standards in a year?:	NOT APPLICABLE					
11. Any other relevant information:	NILL					

Name and Signature of the Head of the Institution

Date: 27/06/2023
Place: Tiruvallur

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 health care facility(HCF), or common bio-medical waste treatment facility (CBWTF)]

Return No: 53810863 **Period:** 2022-2023

1. Particulars of the Occupier	T
(i) Name of the authorized person (Occupier or operator of facility):	P Venkatesan
(ii) Name of HCF or CBMWTF:	ASHOK LEYLAND LIMITED - FOUNDRY DIVISION
(iii) Address for Correspondence:	KATHIVAKKAM HIGH ROAD, ENNORE, CHENNAI
(iv) Address of Facility:	KATHIVAKKAM HIGH ROAD, ENNORE, CHENNAI
(v) Tel. No.:	9551687866
(vi) Fax. No.:	044 - 25750390
(vii) E-mail ID:	venkatesan.p@ashokleyland.com
(viii) URL of Website:	
(ix) GPS coordinates of HCF of CBMWTF:	
(x) Ownership of HCF or CBMWTF:	Private
(xi) Status of Authorization under the BMW (Managementand Handing) Rules:	Authorization No.: 20BAC7801915 Valid Upto: 30/06/2023
(xii) Status of Consents under Water Act and Air Act.:	Valid Upto: 30/06/2023
2. Type of Health Care Facility	
HCF/CBMWTF Type:	HCF
(i) No. of Beds(for Bedded Hospital):	0.0
(ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other):	ОНС
(iii) Licence Number:	0
(iv) Licence date of expiry:	
3. Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category: 5.66 Red Category: 3.27 White Category: 5 Blue Category: 0.04 General Solid Waste: 120
4. Details of the Storage, Treatment, Transportation, Proces	sing and Disposal Facility Details
(i) Details of the on-site storage facility:	Size: 20 Capacity: 20 Provision of on-site storage:

	ı				
(ii) Disposal Facility:		Type of Treatmen t Equipmen t	Number of Units	Capacity(Kg/day)	Quantity Treated or Disposed(Kg/annu m)
			List i	s Empty	
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum:	0.0				
(iv) No of vehicles used for collection and transportation of BMW:	1				
(v) Details of incineration, ash and ETP sludge generated, disposal during the treatment of wastes in Kg per annum		Type of wa	Gen	antity erated	Where disposal
			List i	s Empty	
(vi) Name of the Common BMW Treatment Facility Operator through which wastes are disposed of:					
5. Do you have BMW management committee:	yes				
details:	yes				
6. Training Conducted on BMW Details					
(i) Number of training conducted on BMW Management:	5				
(ii) Number of personnel trained:	20				
(iii) Number of personnel trained at the time of induction:	5				
(iv) Number of personnel not undergone any training so far:	0				
(v) Whether standard manual for training is available:	yes				
(vi) Any other information:					
7. Details of the accident occurred					
(i) No. of accident occurred:	0				
(ii) Number of the persons affected:	0				
(iii) Remedial Action taken:	0				
(iv) Any Fatality occurred, details:	0				
8. Are you meeting the standards of air Pollution from the incinerator?. How many times in last year could not met the standards?:	0				
Details of Continuous online emission monitoring systems installed:	online	e portal			
9. Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year:	0				
10. Is the disinfection method or sterilization meeting the log for standards? How many times you have not met the standards in a year?:	0				
11. Any other relevant information:	na				

Name and Signature of the Head of the Institution

Date : 30/06/2023 **Place** : Chennai

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 health care facility(HCF), or common bio-medical waste treatment facility (CBWTF)]

Return No: 53784241

Period: 2022-2023

1. Particulars of the Occupier	
(i) Name of the authorized person (Occupier or operator of facility):	JEYABAL A
(ii) Name of HCF or CBMWTF:	ASHOK LEYLAND LIMITED-FOUNDRY DIVISION
(iii) Address for Correspondence:	Plot No: K2, SIPCOT Industrial Estate, Arnari Village, Sriperumbudur
(iv) Address of Facility:	Plot No: K2, SIPCOT Industrial Estate, Arnari Village, Sriperumbudur
(v) Tel. No.:	9952693381
(vi) Fax. No.:	- 1
(vii) E-mail ID:	gobinath.rajavel@ashokleyland.com
(viii) URL of Website:	www.ashokleyland.com
(ix) GPS coordinates of HCF of CBMWTF:	12.8457°N; 79.9437°E
(x) Ownership of HCF or CBMWTF:	Private
(xi) Status of Authorization under the BMW (Managementand Handing) Rules:	Authorization No.: 21BAZ26169458 Valid Upto: ONE TIME AUTHORISATION
(xii) Status of Consents under Water Act and Air Act.:	Valid Upto: 31/03/2025
2. Type of Health Care Facility	
HCF/CBMWTF Type:	HCF
(i) No. of Beds(for Bedded Hospital):	0.0
(ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other):	0
(iii) Licence Number:	0
(iv) Licence date of expiry:	
3. Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category: 27.5 Red Category: 26.08 White Category: 0.76 Blue Category: 12.78 General Solid Waste: 0
4. Details of the Storage, Treatment, Transportation, Proces	ssing and Disposal Facility Details
(i) Details of the on-site storage facility:	Size: 12 Capacity: 0 Provision of on-site storage: 0

(ii) Disposal Facility:		Type of Treatmen t Equipmen t	Numb of Uni				
	*	List is Empty					
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum:	0.0						
(iv) No of vehicles used for collection and transportation of BMW:	0						
(v) Details of incineration, ash and ETP sludge generated, disposal during the treatment of wastes in Kg per annum		Type of wa	iste C	Quantity Generated	Where disposal		
			Li	st is Empty			
(vi) Name of the Common BMW Treatment Facility Operator through which wastes are disposed of:	M/s C	J MULTICL	AVE(IN	DIA) LTD			
5. Do you have BMW management committee:	no						
6. Training Conducted on BMW Details	·						
(i) Number of training conducted on BMW Management:	12				:		
(ii) Number of personnel trained:	17		_,		h		
(iii) Number of personnel trained at the time of induction:	17						
(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						
7. Details of the accident occurred							
(i) No. of accident occurred:	0						
(ii) Number of the persons affected:	0						
(iii) Remedial Action taken:	Nil						
(iv) Any Fatality occurred, details:	Nil						
8. Are you meeting the standards of air Pollution from the incinerator?. How many times in last year could not met the standards?:	Not A	pplicable					
Details of Continuous online emission monitoring systems installed:	Not Applicable						
9. Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year:	Not A	Ipplicable					
10. Is the disinfection method or sterilization meeting the log for standards? How many times you have not met the standards in a year?:	Not Applicable						
11. Any other relevant information:	Not A	Ipplicable					

Date: 28/06/2023

Place: Kancheepuram

Name and Signature of the Head of the Institution