

Ref: SBP/EHS/PCB/2024/01/03

Date: 02.01.2024

To,

The Environmental Officer,
Karnataka State Pollution Control Board,
Anekal Regional Office,
Nisarga Bhavan, 2nd Floor,
Thimmaiah Road,7th D cross,
Shivanagar ,Opp. Pushpanjali Theater,
Bangalore –560 010.

Sub: Submission of Biomedical Waste Annual Report in the Form-IV for the year 2023

Dear Sir,

With reference to above subject, we are herewith submitting Biomedical Waste Annual Report in the Form-IV for the year 2023 as per the Biomedical Waste Management Rules, 2016 for M/s Stelis Biopharma Ltd-Unit-1, Plot No. 293, Bommasandra phase-4, Industrial Area, Anekal Taluk, Bommasandra Jigani Link Road, Anekal, Bangalore 560105.

Kindly acknowledge the receipt of the same.

Thanking you,

For M/s. Stelis Biopharma Limited

**Authorized signatory** 

Encl:

The copy of Biomedical Waste Annual Report in the Form-IV for the year-2023



Stelis Biopharma Limited

(Formerly Stelis Biopharma Private Limited)

REGD OFF: Star I, Opp IIM Bangalore, Bilekahalli, Bannerghatta Road, Bengaluru – 560 076, India



# BIOMEDICAL WASTE ANNUAL REPORT

(Jan-2023 to Dec-2023)



[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)]

| šL.       | Particulars                                                     |              |                                            |  |
|-----------|-----------------------------------------------------------------|--------------|--------------------------------------------|--|
| lo.<br>1. | Particulars of the Occupier                                     |              |                                            |  |
|           | (i) Name of the authorised person                               | :            | Kameswara Rao A V                          |  |
|           | (occupier or operator of facility)  (ii) Name of HCF or CBMWTF: |              | M/s Stelis Biopharma Limited               |  |
|           |                                                                 |              |                                            |  |
|           | (iii) Address for Correspondence:                               | :            | M/s Stelis Biopharma Limited               |  |
|           |                                                                 |              | Plot No. 293, Bommasandra phase 4,         |  |
|           |                                                                 |              | Industrial Area, Anekal Taluk,             |  |
|           |                                                                 |              | Bommasandra Jigani Link Road,              |  |
|           |                                                                 |              | Anekal, Bangalore 560105                   |  |
|           | (iv) Address of Facility                                        | :            | M/s Stelis Biopharma Limited               |  |
|           |                                                                 |              | Plot No. 293, Bommasandra phase 4,         |  |
|           |                                                                 |              | Industrial Area, Anekal Taluk,             |  |
|           |                                                                 |              | Bommasandra Jigani Link Road,              |  |
|           |                                                                 |              | Anekal, Bangalore 560105                   |  |
|           | (v)Tel. No, Fax. No                                             | 1            | 08022027300                                |  |
|           | (vi) E-mail ID                                                  | 1:           | KameswaraRao.AV@stelis.com                 |  |
|           | (vii) URL of Website                                            | 1:           | http:/www.stelis.com                       |  |
|           | (viii) GPS coordinates of HCF or                                | 1:           | Latitude of 12 <sup>o</sup> 46'52.3"N and  |  |
|           | CBMWTF                                                          |              | Longitude of 77°38'56.4'E                  |  |
|           | (ix) Ownership of HCF or                                        | 1;           | Limited Company                            |  |
|           | CBMWTF                                                          |              |                                            |  |
|           | (x). Status of Authorisation under the                          | 1:           | Authorisation No.: KSPCB/RO-Anekal/BMW Reg |  |
|           | Bio-Medical Waste (Management and                               |              | No.115426/2016-17/272                      |  |
|           | Handling) Rules                                                 |              |                                            |  |
|           | -                                                               |              | Valid up to: One-time authorisation        |  |
|           | (xi). Status of Consents under Water                            | <del> </del> | : Authorisation No.: AW-329685             |  |
|           | Act and Air Act                                                 |              | Valid up to: 30.06.2026                    |  |
| 2         | Type of Health Care Facility                                    | l            |                                            |  |
|           | (i) Bedded Hospital                                             | :            | No. of Beds: Not applicable                |  |

| CONTRACTOR AND ADDRESS OF THE SECOND OF | (ii) Non-bedded hospital (Clinic or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | [ : T | Not applicable                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Control of the Contro | VIII The 18th NO / 10 d The Visit No. 1 d Anni Anni de Andréa (Anni Anni Anni Anni Anni Anni Anni Ann          |  |
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| *************************************** | (iii) License number and its date of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | :     | Not applicable                                                                               | , and the second |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |  |
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| 3                                       | Details of CBMWTF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | •     | M/s Maridi Bio industr<br>Sy.No.:1/37 & 1/38, 3<br>Gabbadi Kaval, Kana<br>Ramnagar District. | 5 <sup>th</sup> Miles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| and the second second                   | (i) Number healthcare facilities covered by: CBMWTF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ; 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|                                         | (ii) No of beds covered by CBMWTF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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|                                         | (iii) Installed treatment and disposal capacity of CBMWTF:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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|                                         | (iv) Quantity of biomedical waste treated or disposed by CBMWTF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ; 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| 4                                       | Quantity of waste generated or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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|                                         | disposed in Kg per annum (on monthly average basis)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 5                                       | Details of the Storage, treatment, tran                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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|                                         | (i) Details of the Onsite storage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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|                                         | facility/ disposal facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                                                                                         |       | equipment                                                                                    | Units                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                                                                                                                                                                                                                                                                                              | in kg per                                                                                                      |  |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                                                                                                                                                                                                                                               | NA SOP F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | annum                                                                                                          |  |
|                                         | I and the second | 1     | Incinerators                                                                                 | 111/1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | I IV/Y ~ V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 N/A WY \                                                                                                     |  |

|                                                                                                            |    | Needle tip cutter or destroyer Sharps,                                                  |                   |              |  |
|------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------------------------------------------------|-------------------|--------------|--|
|                                                                                                            |    | encapsulation or                                                                        |                   |              |  |
| 5                                                                                                          |    | concrete pit                                                                            |                   |              |  |
|                                                                                                            |    | Deep burial pits                                                                        |                   |              |  |
|                                                                                                            |    | Chemical                                                                                |                   |              |  |
|                                                                                                            |    | disinfection                                                                            |                   |              |  |
|                                                                                                            |    | Any other                                                                               |                   |              |  |
|                                                                                                            |    | treatment                                                                               |                   |              |  |
|                                                                                                            |    | Not applicable                                                                          |                   |              |  |
| (iii) Quantity of recyclable wastes sold                                                                   | :  | Not applicable                                                                          |                   |              |  |
| to authorized recyclers after                                                                              |    |                                                                                         |                   |              |  |
| <br>treatment in kg per annum.  (iv) No of vehicles used for collection                                    | :  | 01 vehicle used form                                                                    | n Maridi Bio in o | dustries for |  |
| and transportation of biomedical                                                                           |    | transportation                                                                          |                   |              |  |
| waste                                                                                                      |    |                                                                                         |                   |              |  |
| (v) Details of incineration ash and ETP                                                                    | :  |                                                                                         |                   |              |  |
| sludge generated and disposed during                                                                       |    |                                                                                         | Quantity          | Where        |  |
| the treatment of wastes in Kg per                                                                          |    |                                                                                         | generated         | disposed     |  |
| annum                                                                                                      |    | Incineration                                                                            | NA                | NA           |  |
|                                                                                                            |    | Ash                                                                                     | 4444              |              |  |
|                                                                                                            |    | ETP Sludge                                                                              | NA                | NA           |  |
| (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of |    | M/s Maridi Bio indus<br>Sy.No.:1/37 & 1/38,<br>Gabbadi Kaval, Kar<br>Ramnagar District. | 35th Milestone    |              |  |
| <br>(vii) List of member HCF not handed                                                                    | 1: | Not applicable                                                                          |                   |              |  |
|                                                                                                            | 1  | 1                                                                                       |                   | PHARA        |  |

| 6                                                          | Do you have bio-medical waste                    | : [        | Yes                                                |  |  |
|------------------------------------------------------------|--------------------------------------------------|------------|----------------------------------------------------|--|--|
|                                                            | management committee? If yes,                    |            |                                                    |  |  |
|                                                            | attach minutes of the meetings held              |            |                                                    |  |  |
|                                                            | during the reporting period                      |            |                                                    |  |  |
| 7                                                          | Details trainings conducted on BMW               |            |                                                    |  |  |
| Memorphism ( ) ( ) ( ) in minimum conference and extension | (i) Number of trainings conducted on             | :          | 5 Nos.                                             |  |  |
|                                                            | BMW Management.                                  |            |                                                    |  |  |
|                                                            | (ii) number of personnel trained                 | •          | 95 Nos.                                            |  |  |
|                                                            | (iii) number of personnel trained at             | :          | 24 Nos.                                            |  |  |
|                                                            | the time of induction                            |            |                                                    |  |  |
|                                                            | (iv) number of personnel not                     | :          | Nil ·                                              |  |  |
|                                                            | undergone any training so far                    |            |                                                    |  |  |
|                                                            | (v) whether standard manual for                  | :          | Yes                                                |  |  |
|                                                            | training is available?                           |            |                                                    |  |  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                    | (vi) any other information                       | :          | Not applicable                                     |  |  |
| 8                                                          | Details of the accident occurred during the year |            |                                                    |  |  |
|                                                            | (i)Number of Accidents occurred                  | T:         | Nil                                                |  |  |
| ,,                                                         | (ii) Number of the persons affected              | :          | Nil                                                |  |  |
| and the second second                                      | (iii) Remedial Action taken (Please              | 1:         | Nil                                                |  |  |
|                                                            | (iv) Any Fatality occurred, details.             | :          | Nil                                                |  |  |
| 9                                                          | Are you meeting the standards of air             | <b> </b> : | Not applicable                                     |  |  |
|                                                            | Pollution from the incinerator? How              |            |                                                    |  |  |
|                                                            | many times in last year could not met            |            |                                                    |  |  |
|                                                            | the standards?                                   |            |                                                    |  |  |
| .,,                                                        | Details of Continuous online emission            | 1:         | Not applicable                                     |  |  |
|                                                            | monitoring systems installed                     |            |                                                    |  |  |
| 10                                                         | Liquid waste generated and treatment             | 1:         | Generated liquid waste is pre-treated and send for |  |  |
|                                                            | methods in place. How many times                 |            | in-house CETP for further treatment.               |  |  |
|                                                            | you have not met the standards in a              |            |                                                    |  |  |
|                                                            | year?                                            |            | ·                                                  |  |  |
| 11                                                         | Is the disinfection method or                    | 1:         | Not applicable                                     |  |  |
|                                                            | sterilization meeting the log 4                  |            |                                                    |  |  |
|                                                            | standards? How many times you have               |            |                                                    |  |  |
|                                                            | not met the standards in a year?                 |            | OP HARM                                            |  |  |
| 12                                                         | Any other relevant information                   |            | Not applicable (Bangalore)                         |  |  |

Certified that the above report is for the period from Jan-2023 to Dec-2023

Date: 02.01.2024

Place: Bangalore

Authorised Signature

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