

Sundaram-Clayton Limited

AA5, VI Avenue, Auto Ancillary SEZ Natham Sub Post Office. Mahindra World City - 603 004, Chengalpattu District, Ph:044-27460500.

Date: 29.06.2025

The District Environmental Engineer, Tamilnadu Pollution Control Board, Maraimalai Adigal Street, Maraimalai Nagar (Po), Chengalpattu

Sub: Biomedical Waste Management Rules 2016 - Returns in Form IV submission reg.

In connection with the above subject, we herewith enclosed Form IV Biomedical waste annual returns for the period January 2024 to December 2024 under Biomedical Waste Management **Rules 2016**

Kindly acknowledge the receipt.

Thanking you

Yours Faithfully

For Sundaram Clayton Limited

Authorised Signatory

Note: Form 4 enclosed

Classification: Confidential

Registered Office-*Chaitanya* No.12 Khader Nawaz Khan Road, Nungambakkam, Chennai-600006 CIN- U51100TN2017PLC118316; Tel-044-2827 22332; Fax-044-2825 7121, Email-corpsec@sundaramclayton.com; Website-www.Sundaram-Clayton.com

Form - IV (See rule 13)

[To be submitted to the prescribed authority on or before 30" 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 (CBW/TF)]

| SI. No. | Particulars | | | | | | | |
|------------|---|-------|---|---------------|---------------------|--|--|--|
| | Particulars of the Occupier | | | | | | | |
| | Name of the authorised person (occupier or operator of facility) | : | Mr.R. Gopala Krishnan | | | | | |
| | (ii) Name of HCF or CBM/VTF | ; | Sundaram Clayton Limited - MWC | | | | | |
| | (iii) Address for Correspondence | ; | AAS, VI Avenue ,Auto Ancillary SEZ, Mahindra world city ,6th Avenue , Natham Sub post office, Chengalpattu-603004 | | | | | |
| | (iv) Address of Facility | | AAS, VI Avenue ,Auto Ancillary SEZ, Mahindra world city ,6th Avenue , Natham Sub post office, Chengalpattu-603004 | | | | | |
| 1 | (v)Tel. No, Fax. No | : | 044 - 27460500 | | | | | |
| | (vi) E-mail ID | | ugk⊞sundaramslasten.com | | | | | |
| | (vii) URL of Website | | http://www.sundaram-claston.com | | | | | |
| | (viii) GPS coordinates of HCF or CBMWTF | | Latitude 12.734137. N.Decimal Degrees Longitude 80.019025. E.Decimal Degrees | | | | | |
| | (ix) Ownership of HCF or CBMWTF | : | Private | | | | | |
| | (x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules | : | Authorisation No.:19BAZ25937751 Valid upto: One time authorisation (Non Bedded) | | | | | |
| | (xi) Status of Consents under Water Act and Air Act | 1 | Air Consent valid upto: 31.03.2025 Water Consent valid upto: 31.03.2025 | | | | | |
| | Type of Health Care Facility | ; | | | | | | |
| | (i) Bedded Hospital | : | No. of Beds; Nil | | | | | |
| 2 | (ii) Non-bedded hospital (Cliruc or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | 1 | Dispensary | | | | | |
| | (W) License number and its date of expiry | : 10: | NA | | | | | |
| | Details of CBMWTF | - | | | | | | |
| | (i) Number of healthcare facilities covered by CBMWTF | 1 | NA | | | | | |
| 3 | (ii) No of beds covered by CBMWTF | : | NA | | | | | |
| | (iii) Installed treatment and disposal capacity of CBMWTF: | : | NA | | | | | |
| | (iv) Quantity of biomedical waste treated or disposed | : | NA | | | | | |
| | Quantity of waste generated or disposed in Kg per | | Yellow Category : 13.8 Kgs/ annam | | | | | |
| | | | Red Category : 1.85 Kgs/ annam | | | | | |
| 1 | annum (on monthly average basis) | | | 0.25 Kgs/ ann | | | | |
| | 46.45 | | Blue Category : 0.25 Kgs/ annam General Solid waste : Nil | | | | | |
| | Details of the Storage, treatment, transportation, proc | | | | | | | |
| | | | Size (Feet) : 1.5*1.5*1 | | | | | |
| | | | Capacity : Yellow - 3 Kgs ; Red - 8 Kgs ; Blue - 6 Kgs ; | | | | | |
| | (i) Details of the facility on-site storage | | White - 3 Kgs ; General Waste - 10 Kgs | | | | | |
| | | | Provision of on-site storage any other provision) Nil | | | | | |
| | (II) Datable of the sc | | Type of treatment equipment | No of units | Capacity Kg/ day | Quantity treated or disposed in kg p airnum | | |
| | (ii) Details of the treatment or disposal facilities | : | Needle lip cutter or destroyer | • | | | | |

| | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. (iv) No of vehicles used for collection and transportation of biomedical waste | | Nil | | | | |
|----|---|-----|---|--------------------|-------------------|--|--|
| | | | Nitt | | | | |
| | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum (vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of | : | | Quantity generated | Where disposed | | |
| 1 | | | Incineration Ash ETP Sludge | NA | | | |
| | | | M/s. G.J.Multiclave (India) Pvt Ltd, New No. 37, Old No. 20,Teacher's Colony, (Near Kasturibal Nagar), Kamaraj Avenue, Adyar, Chennal-600 020. | | | | |
| | (vii) List of member HCF not handed over bio- medical waste. | 15 | | | Nil | | |
| 6 | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period | : | 1) Awareness on BMW generation, Hazard, handling and its management practices. 2) Usage of BMW bins in shopfloor area. 3) Proper segregation at the source and transfer to the disposal site. | | | | |
| | Details trainings conducted on BMW | | | | | | |
| | (i) Number of trainings conducted on BMW Management. | | 1 | | | | |
| | (ii) Number of personnel trained | : | 2 | | | | |
| 7 | (iii) Number of personnel trained at the time of induction | : | 3 | | | | |
| | (rv) Number of personnel not undergone any training so far | 1 | 0 | | | | |
| | (v) Whether standard manual for training is available? | : | Yes | | | | |
| | (vi) any other information | | | | • | | |
| | Details of the accident occurred during the year | | | Let. | | | |
| | (i) Number of Accidents occurred | I | NI | | | | |
| 6 | (ii) Number of the persons affected | 1 | Nil | | | | |
| | (iii) Remedial Action taken (Please attach details if any) | 1 | Nil | | | | |
| | (iv) Any Fatality occurred, details | 3. | | | Ná | | |
| 9 | Are you meeting the standards of air pollution from the incinerator? How many times in last year could not met the standards? | 1 | NA . | | | | |
| | Details of Continuous online emission monitoring systems installed | - 1 | NA NA | | | | |
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | | NA | | | | |
| 11 | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | : | NA | | | | |
| 12 | Any other relevant information | ; | | | NA | | |

Certified that the above report is for the period from Jan'24 to Dec'2.

Date 20 06 2025

4. \hun_29/6/25

Name and Signature of the Head of the Institution