Sterlite

Date: 03/03/2026

To,
The Member Secretary,
The Pollution Control Committee
Daman & Diu & Dadra & Nagar Haveli,
Silvassa

Subject: Submission of Annual Return (Form IV) Under Bio-medical Waste (Management & Handling) Rules, 2016 for the Calendar Year 2025.

Dear Sir,

With the reference to the above-mentioned subject, we would like to state that we have the facility of an Occupation Health Center (OHC) at our SEL Rakholi site.

Please find the enclosed Form- IV (Annual Return of Bio-medical) under Bio-medical Waste (Management & Handling) Rules, 2016 for the Calendar Year 2025.

Kindly acknowledge the same.

Thanking You,

For, Sterlite Electric Limited, Rakholi

Authorized Signatory

Dispatch Clerk, Single Window
District Secretariat
D&D, Silvassa
03 MAR 2026
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Sterlite Electric Ltd

(formerly known as Sterlite Power Transmission Ltd)
Survey No.99/2/22 & 23, Madhuban Dam Road, Silvassa-396230 Union Territory of Dadra and Nagar Haveli and Daman and Diu, India

Regd Off: 4 th Floor, Godrej Millennium, 9 Koregaon Road, Pune, Maharashtra – 411001
W: www.sterliteelectric.com CIN: U74120PN2015PLC156643

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		M/s. Sterlite Electric Limited, Rakholi			
	(i) Name of the authorised person (occupier or operator of facility)		Ratul Chowdhary			
	(ii) Name of HCF or CBMWTF		OHC (Occupational Health Center in Sterlite Electric Limited, Rakholi)			
	(iii) Address for Correspondence		Survey No. 99/2/22&23, Madhuban Dam, Rakholi, Silvassa 396230			
	(iv) Address of Facility		Survey No. 99/2/22&23, Madhuban Dam, Rakholi, Silvassa 396230			
	(v)Tel. No, Fax. No		7894415282			
	(vi) E-mail ID		ratul.chowdhury@sterlite.com			
	(vii) URL of Website		www.sterliteelectric.com			
	(viii) GPS coordinates of HCF or CBMWTF					
	(ix) Ownership of HCF or CBMWTF		(State Government or Private or Semi Govt. or any other) Private			
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules		Authorization No.: PCC/DDD/BMW/228/22-23/808, date of issue 02-03-2023, valid up to 30/11/2023. Under Renewal			
	(xi). Status of Consents under Water Act and Air Act		PCC/DDD/0-19/WA/AA/RL/96-97/831517/ Date: 20/10/2021 valid up to: 30/03/2026			
2	Type of Health Care Facility					
	(i) Bedded Hospital		No. of Beds: 0			
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		-			
	(iii) License number and its date of expiry		-			
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 treated or disposed by CBMWTF		N/A Kg per day			
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)		Yellow Category : 21.611 Kg Red Category : 0.099 Kg White : 0.013 Kg Blue Category : 0 Kg General Solid waste: 0 Kg			
5	Details of the Storage, treatment, transportation, processing and Disposal Facility					
	(i) Details of the on-site storage facility		Size : N/A Capacity : N/A Provision of on-site storage : (cold storage or any other provision)			
	(ii) Details of the treatment or disposal facilities		**Type of treatment equipment**	**No of Units**	**Capacity Kg/day**	**Quantity Treated or disposed in kg per annum**

			Incinerators	0		N/A
			Plasma Pyrolysis	0		N/A
			Autoclaves	1		0
			Microwave	0		N/A
			Hydro clave	0		N/A
			Shredder	0		N/A
			Needle tip cutter or destroyer	1		N/A
			Sharps	0		N/A
			Encapsulation or concrete pit	0		N/A
			Deep burial pits	0		N/A
			Chemical disinfection:	0		N/A
			Any other treatment equipment:	0		N/A
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.		Red Category (like plastic, glass etc.) 0 Kg			
	(iv) No of vehicles used for collection and transportation of biomedical waste		80			
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in kg per annum			Quantity generated		Where Disposed
			Incineration 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		En-Cler Biomedical Waste Pvt. Ltd			
	(vii) List of members 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.		18 Trainings			
	(ii) number of personnel trained		4 OHC Nurse + 81 workers			
	(iii) number of personnel trained at the time of induction		35			
	(iv) number of personnel not undergone any training so far		19			
	(v) whether standard manual for training is available?		Yes			
	(vi) any other information)		N/A			
8	Details of the accident occurred during the year					
	(i) Number of Accidents occurred		0			
	(ii) Number of the persons affected		N/A			
	(iii) Remedial Action taken (Please attach details if any)		N/A			
	(iv) Any Fatality occurred, details.		0			
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		No Incinerator in the plant.			
	Details of Continuous online emission monitoring systems installed		N/A as no incinerator is available.			
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		Through STP/ETP 0 Non-compliance			
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not meet the standard in a year?		N/A			

12	Any other relevant information		N/A

Certified that the above report is for the period from 1st Jan 2025 to 31st Dec 2025.

Date: 03.03.2026

Place: Silvassa

Name & Signature of the Head:

Ratul Chowdhary

FORM – I
[See rule 4(o), 5(i) and 15(2)]ACCIDENT REPORTING

1.	Date and time of accident	: NIL
2.	Type of Accident	: NIL
3.	Sequence of events leading to accident	: NIL
4.	Has the Authority of been informed immediately	: NIL
5.	The type of waste involved in accident	: NIL
6.	Assessment of the effects of the accidents on human health and the environment	: NIL
7.	Emergency measures taken	: NIL
8.	Steps taken to alleviate the effects of accidents	: NIL
9.	Steps taken to prevent the recurrence of such an accident	: NIL
10.	Does you facility has Emergency Control policy?If yes, give details premises.	: Yes, Emergency response plan for emergency inside plant

Date : 03.03.2026

Place : Silvassa

Signature :

Designation : Factory Manager