

/// Sterlite

Date: 19/01/2026

To
The Regional Officer, Roorkee
UEPCB, Irrigation design building campus
Roorkee, Haridwar UK (247667)
Dear Sir,

Sub: UKPCB/ROR/HO/BMW-672/2023/195 Dated 07.02.2023 Submission of annual return of Bio Medical waste in form-IV for the period Jan-25 to Dec-25

Dear Sir,

Please find enclosed the annual return for Bio Medical waste in form-IV for the period from Jan-2025 to Dec-2025.

Kindly acknowledge the receipt of the same.

Thanking You,

Sterlite Electric Limited
(Formerly known as Sterlite Power Transmission Ltd)



Encl: 1. Form-IV
Encl: 1. Form-I



Sterlite Electric Limited

(Formerly known as Sterlite Power Transmission Limited)

Sector- 5, Vardhaman Industrial Estate, Behind Patanjali Yogpeeth, Haridwar, Uttarakhand – 249405, India +91 1334 238 410

RegdOff: 4thFloor, Godrej Millennium,9 Koregaon Road, Pune, Maharashtra –411001
W: www.sterlitepower.com CIN: U74120PN2015PLC156643

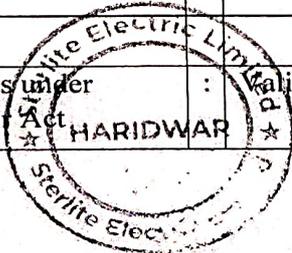
Form - IV

(See rule 13)

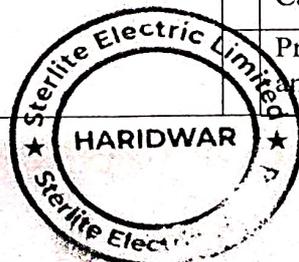
ANNUAL REPORT

[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)]

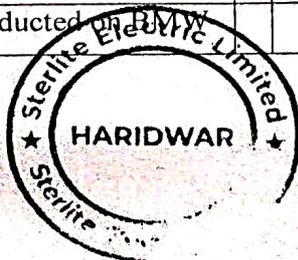
S.No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or operator of facility)	:	Mr. Himanshu Bhati
	(ii) Name of HCF or CBMWTF	:	M/s Sterlite Electric Ltd. (Formerly known as Sterlite Power Transmission Limited)
	(iii) Address for Correspondence	:	Sector-5, Vardhman Industrial Estate, Roorkee, Distt. Haridwar (Uttarakhand)
	(iv) Address of Facility	:	Sector-5, Vardhman Industrial Estate, Roorkee, Distt. Haridwar (Uttarakhand)
	(v) Tel. No, Fax. No	:	8272052858
	(vi) E-mail ID	:	vikrant.rana@sterlite.com
	(vii) URL of Website	:	https://www.sterlitepower.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.: UKPCB/ROR/BMW-672/2023/195. Date of Issue 07/02/2023
S.No.	Particulars		
	(xi) Status of Consents under Water Act and Air Act	:	Valid up to: 31-03-2026



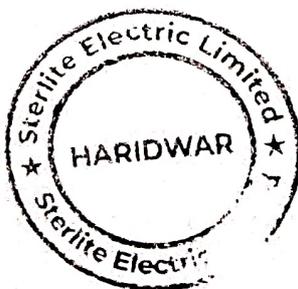
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No of beds (<i>Non Bedded facility</i>)
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	-
	(iii) License number and its date of expiry	:	-
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	NA
	(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 by CBMWTF	:	NA
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis) <i>(*Interpretation – Month wise and Total Annual Quantity)</i>	:	Yellow Category: .1.415 KG Red Category: .0.05 KG White: .NIL Blue Category: .NIL Total Waste Generated: 1.465 KG General Solid waste: NA
5.	Details of the Storage, treatment, transportation, processing, and Disposal Facility <i>*Interpretation – Only Point No. (vi) is to be filled by the (Hospital) Occupier (if waste is being handed over to the operator of common Bio-medical Waste treatment facility) & rest of the points are for the operator of common Bio-medical Waste treatment facility.</i>		
S.No.	Particulars		
	(i) Details of the on-site storage facility		Size: NA Capacity: NA Provision of on-site storage: (cold storage or any other provision)



(ii) Disposal facilities	Type of treatment equipment	No. of units	Capacity Kg/day	Quantity treated or disposed in kg per annum
	Incinerators			NA
	Plasma Pyrolysis			NA
	Autoclaves			NA
	Microwave			NA
	Hydroclave			NA
	Shredder			NA
	Needle tip cutter or destroyer			NA
	Sharps encapsulation or concrete pit			NA
	Deep burial pits:			NA
	Chemical disinfection:			NA
	Any other treatment equipment:			NA
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	Red Category (like plastic, glass etc.) NA			
(iv) No of vehicles used for collection and transportation of biomedical waste	NA			
(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			
	ETP Sludge			
(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	MPCC Dehradun			
S.No.	Particulars			
	(vii) List of member HCF not handed over bio-medical waste	NA		
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 BMMW			



	(i) Number of trainings conducted on BMW Management.	02
	(ii) number of personnel trained	7
	(iii) number of personnel trained at the time of induction	7
	(iv) number of personnel not undergone any training so far	NA
	(v) Whether standard manual for training is available?	No
	(vi) any other information)	NA
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)	NA
	(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?	Incinerator not in the unit.
	Details of Continuous online emission monitoring systems installed	NA

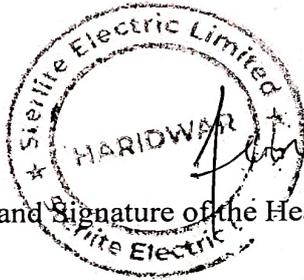


S.No.	Particulars	
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	N/A
11.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	NA
12.	Any other relevant information	NA

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

Date: 19/01/2026

Place: Haridwar


Name and Signature of the Head of the Institution

FORM - I

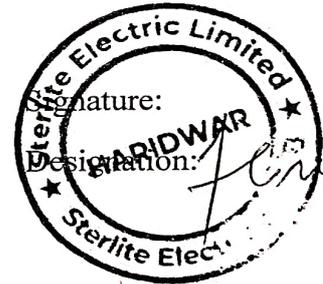
[(See rule 4(o), 5(i) and 15 (2))]

ACCIDENT REPORTING

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

Date: 19/01/2026

Place: Haridwar



Signature: 