



DTDC Express Limited
 Regd. Office: No-3 Victoria Road
 Bengaluru - 560047

ORIGIN: J-2.4 DEST: WDSR
 POUCH NO. DATE: 01.07.25



Name: Acceptable Consignment Note / Subject to Bengaluru Jurisdiction.

The consignment note is not a tax invoice. A tax invoice will be made available by DTDC or its channel partner as the case may be upon request.

1 Sender's (Consignor) Name: Stenlite power
 Company Name & Address: Attansuruder
 City: _____ State: _____ PIN Code: _____
 Sender's GSTIN*: 788202 *Where Applicable

2 Recipient's (Consignee) Name: Pradeep Paribeen
 Company Name & Address: BBSR Bhalwan
 City: _____ State: _____ PIN Code: _____
 Recipient's GSTIN*: 751012 *Where Applicable

3 Nature of consignment (✓) **Box** **Non-Box**
 DIM: M cm X B cm X H cm X Pcs Actual Wt.: 1PC kg
 DIM: L cm X B cm X H cm X Pcs Volumetric Wt.: _____ kg
 DIM: H cm X B cm X H cm X Pcs Chargeable Wt.: _____ kg

4 Description of Content: DOX Total Value of consignment for carriage / E-Way bill: ₹ _____

5 Paper Work Enclosures

6 Type of consignment (✓) Commercial Non Commercial 7 Value Added Services Not Available CN Expiry Date

10 I/We declare that this consignment does not contain personal mail, cash, jewellery, contraband, illegal drugs, any prohibited items and commodities which can cause safety hazards while transporting

9 Charges Amount(₹)
 a) Tariff (incl. OF FSC + Taxes): 50/-
 b) Risk Surcharge: _____
 c) Total amount (a+b): _____
Above charges are inclusive of GST & other taxes if applicable

8 Mode (✓) * **Surface** **Air Cargo** **Express**
 Consignment Number: 
K73364845

Sender's Signature & Seal
 Date: _____ Time: _____ AM/PM
 I have read and understood terms & conditions printed overleaf of this consignment note and I agree to the same.

11 Booking Branch / Franchisee Code
 Mode of Payment: Cash Card Wallet
 Courier Signature

12 Risk Surcharge
 Owner: _____
 Carrier: _____



E

To

Date: 25/06/2025

The Member Secretary,
State Pollution Control Board, Odisha
"Paribesh Bhawan"
A/118, Nilakantha Nagar
Unit - VIII, Bhubaneshwar -751012

CC: Regional Officer, SPCB, Jharsuguda

Sub - Submission of Annual Return of Biomedical waste in Form-IV for the period of JAN 2024 to DEC 2024.

Dear Sir,

Referring to the cited subject we are hereby submitting the Annual Report of Biomedical wastes for the period of JAN 2024 to DEC 2024.

In Form-IV as per rule 13 (1) of the Biomedical waste (Management Handling) Rules, 2016. This is for your information and record.

Please acknowledge the same.

Thanking You,

Yours faithfully,

For Sterlite Power Transmission Limited


Authorized Signatory

Encl: Form - IV

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	:	Sterlite Power transmission Limited, Jharsuguda
	(i) Name of the authorised person (occupier or operator of facility)	:	Ratul Chowdhury
	(ii) Name of HCF or CBMWTF	:	OHC (Occupational Health Center) in Sterlite power transmission limited, Jharsuguda
	(iii) Address for Correspondence	:	Sterlite Power Limited Near Vedanta Aluminium Limited, Bhurkhamunda, PO- KM Road, Jharsuguda, Odisha, India, PIN-768202
	(iv) Address of Facility	:	Sterlite Power Limited Near Vedanta Aluminium Limited, Bhurkhamunda, PO- KM Road, Jharsuguda, Odisha, India, PIN-768202
	(v) Tel. No, Fax. No	:	+917894415282
	(vi) E-mail ID	:	ratul.chowdhury@sterlite.com
	(vii) URL of Website	:	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)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 567/IND-VI-BW-112
	(xi). Status of Consents under Water Act and Air Act	:	No-2833 Valid up to: 31.03.2026
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	:	NA
	(ii) No of beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	NA Kg per day

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	NA Kg/day		
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category	:	NA
			Red Category : NA		
			White: NA		
			Blue Category : NA		
			General Solid waste: NA		
5	Details of the Storage, treatment, transportation, processing and Disposal Facility				
	(i) Details of the on-site storage facility	:	Size : NA		
			Capacity : NA		
			Provision of on-site storage any other provision)		: (cold storage or
	(ii) Details of the treatment or disposal facilities	:	Type of treatment equipment	No of units	Capacity Quantity treated or disposed in kg per annum
			Incinerators		NA
			Plasma		NA
			Pyrolysis		NA
			Autoclaves		NA
			Microwave		NA
			Hydroclave		NA
			Shredder		01 Nos
			Needle tip cutter or destroyer		NA
			Sharps encapsulation or concrete pit		NA
			Deep burial pits: 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		Quantity Generated:		Where Disposed: NA
			NA		

	during the treatment of wastes in Kg per annum		Incineration Ash ETP Sludge: 00
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	Mediate Marketing Services
	(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 BMW		
	(i) Number of trainings conducted on BMW Management.		Four trainings are conducted on BMW management rule 2016
	(ii) number of personnel trained		10
	(iii) number of personnel trained at the time of induction		10
	(iv) number of personnel not undergone any training so far		Yes
	(v) whether standard manual for training is available?		00
	(vi) any other information		NO
8	Details of the accident occurred during the year		00
	(i) Number of Accidents occurred		00
	(ii) Number of the persons affected		00
	(iii) Remedial Action taken (Please attach details if any)		NA
	(iv) Any Fatality occurred, details.		NA
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		NA
	Details of Continuous online emission monitoring systems installed		NA
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		ETP
11	Is the disinfection method or sterilization meeting the log 4		NA

	standards? How many times you have not met the standards in a year?		NA
12	Any other relevant information	:	-

Certified that the above report is for the period from 1st Jan 2024 to 31st Dec.2024

Date 25.06.2025
Place: Jharsuguda

Name: Ratul Chowdhury



Signature of the PH Head