



Par Biosciences Private Limited  
No. 149, RVI Tower, 5th Floor,  
Velachery Tambaram Main Road, Pallikaranai,  
Chennai - 600 100, Tamilnadu, India.  
Tel: +91 44 4927 3320  
CIN: U24233TN2012PTC086326

Ref.no: 05/EHS/2020-01  
Date : 04<sup>th</sup> May 2020

The District Environmental Engineer,  
Tamil Nadu pollution Control Board,  
Maraimalai Adikalar Street,  
Maraimalai Nagar-603 209.  
Kancheipuram Dist

**Sub: Submission of Bio-medical Waste Annual Returns - Reg**

Dear Sir / Madam,

We are hereby submitting the Form-IV from January 2019 to December 2019. This is for your kind information and records please.

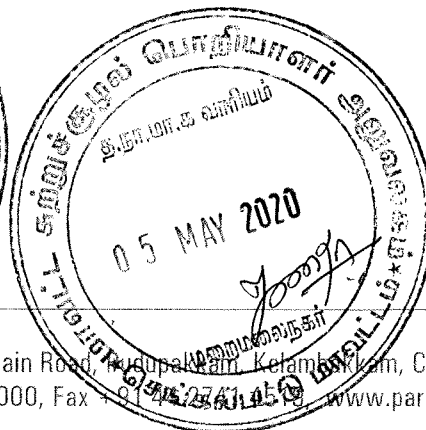
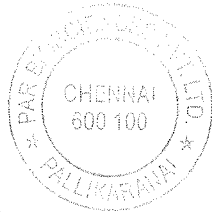
Thanking you

Yours truly

for Par Biosciences Pvt Ltd,

04 May 2020  
Authorized Signatory

Encl: Form - IV



**Form - IV**

**ANNUAL REPORT**

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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	:	C.Sampath Kumar
	(i) Name of the authorised person (occupier or operator of facility)	:	<input type="checkbox"/> Ajithlal T
	(ii) Name of HCF or CBMWTF	:	<b>PAR Biosciences Private Limited</b>
	(iii) Address for Correspondence	:	#149, RVI Tower, 5 <sup>th</sup> Floor, Velacherry Tambaram Main Road, Pallikaranai-600100. Chennai, India
	(iv) Address of Facility	:	#149, RVI Tower, 5 <sup>th</sup> Floor, Velacherry Tambaram Main Road, Pallikaranai-600100. Chennai, India
	(v) Tel. No, Fax. No	:	+91-44-49273300
	(vi) E-mail ID	:	ajithlal.thankanadar@parbiosciences.com
	(vii) URL of Website	:	www.parpharm.com
	(viii) GPS coordinates of HCF or CBMWTF	:	-
	(ix) Ownership of HCF or CBMWTF	:	Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	<b>Authorisation No.:</b> 18BAZ12379707 Dated 24/07/2018 valid up to 31-03-2020
	(xi). Status of Consents under Water Act and Air Act	:	<b>Consent order No.:</b> 1808112173373 Valid up to:31 March 2020
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	<b>No. of Beds: 96</b>
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	Clinical Laboratory

	(iii) License number and its date of expiry		<b>CDSO approval</b> <b>F.No.4-14/2012 /BA-BE/25 (ETB)</b> <b>Exp. Date: 18 JUN 2020</b>																																																
3.	Details of CBMWTF	:	Not applicable																																																
	(i) Number healthcare facilities covered by CBMWTF	:	Not applicable																																																
	(ii) No of beds covered by CBMWTF	:	Not applicable																																																
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	Not applicable																																																
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	Not applicable																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	<table border="1"> <tr> <td>Yellow Category :</td> <td>429.7 kg/annum</td> </tr> <tr> <td>Red Category :</td> <td>2128.8 kg/annum</td> </tr> <tr> <td>White:</td> <td>21.5 kg/annum</td> </tr> <tr> <td>Blue Category :</td> <td>26.5 kg/annum</td> </tr> <tr> <td>General Solid waste:</td> <td>Not applicable</td> </tr> </table>	Yellow Category :	429.7 kg/annum	Red Category :	2128.8 kg/annum	White:	21.5 kg/annum	Blue Category :	26.5 kg/annum	General Solid waste:	Not applicable																																						
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5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility	:	<table border="1"> <tr> <td>Size :</td> <td>Not applicable</td> </tr> <tr> <td>Capacity : _____</td> <td></td> </tr> <tr> <td>Provision of on-site storage (cold storage or any other provision)</td> <td></td> </tr> </table>	Size :	Not applicable	Capacity : _____		Provision of on-site storage (cold storage or any other provision)																																											
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	(ii) Details of the treatment or disposal facilities	:	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity Treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td></td> <td>-</td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td></td> <td>-</td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td></td> <td>-</td> </tr> <tr> <td>Any other treatment</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity Treated or disposed in kg per annum	Incinerators				Plasma Pyrolysis				Autoclaves				Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer			-	Sharps encapsulation or concrete pit			-	Deep burial pits:				Chemical disinfection:			-	Any other treatment			
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		equipment:
	(ii) i) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	Not applicable
	(iv) No of vehicles used for collection And transportation of biomedical waste	Not applicable
	(v) Details of incineration ash and ETP sludge generated and disposed	Quantity generated      Where disposed
	during the treatment of wastes in Kg per annum	Incineration Ash _____ ETP Sludge _____
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	<b>G. J. Multi clave (India) Pvt. Ltd,</b>
	(vii) List of member HCF not handed over bio-medical waste.	Not applicable
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	Yes (minutes of meetings attached)
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	03
	(ii) number of personnel trained	90
	(iii) number of personnel trained at the time of induction	11 (From Jan 2019 to Dec 2019)
	(iv) number of personnel not undergone any training so far	Nil
	(v) whether standard manual for training is available?	Yes
	(vi) any other information)	Nil
8	Details of the accident occurred during the year	Nil
	(i) Number of Accidents occurred	Nil
	(ii) Number of the persons affected	Nil

	(iii) Remedial Action taken (Please attach details if any)	Nil
	(iv) Any Fatality occurred, details.	Nil
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	Not applicable
	Details of Continuous online emission monitoring systems installed	Not applicable
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Not applicable
11	Is the disinfection method or Sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	Not applicable
12	Any other relevant information	Nil

Certified that the above report is for the period from January 2019 to December 2019

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Name and Signature of the Head of the Institution

Date: 04 May 2020  
Place: Chennai

