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 health care facility(HCF), or common bio-medical waste treatment facility (CBWTF)]

Return No : *76938511* **Period :** *2025-2026*

1. Particulars of the Occupier	
(i) Name of the authorized person (Occupier or operator of facility):	*N Karthik*
(ii) Name of HCF or CBMWTF:	*PHARMAZELL (INDIA) PRIVATE LIMITED,UNIT - 1*
(iii) Address for Correspondence:	*PLOT NO:B5&B6,MEPZ,TAMBARAM,CHENNAI*
(iv) Address of Facility:	*PLOT NO:B5&B6,MEPZ,TAMBARAM,CHENNAI*
(v) Tel. No.:	*7339174666*
(vi) Fax. No.:	*044 - 22626264*
(vii) E-mail ID:	*karthiknagarajan@axplora.com*
(viii) URL of Website:	*https://www.axplora.com/about-axplora/manufacturing-sites-in-india/#chennai*
(ix) GPS coordinates of HCF of CBMWTF:	
(x) Ownership of HCF or CBMWTF:	*Private*
(xi) Status of Authorization under the BMW (Managementand Handing) Rules:	*Authorization No.: 20BAC32015623* *Valid Upto:*
(xii) Status of Consents under Water Act and Air Act.:	*Valid Upto: 31/03/2029*
2. Type of Health Care Facility	
HCF/CBMWTF Type:	*HCF*
(i) No. of Beds(for Bedded Hospital):	*0.0*
(ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other):	*Occupational Health Center*
(iii) Licence Number:	*0*
(iv) Licence date of expiry:	
3. Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	*Yellow Category: 5.2* *Red Category: 3.3* *White Category: 0* *Blue Category: 0.5* *General Solid Waste: 0*
4. Details of the Storage, Treatment, Transportation, Processing and Disposal Facility Details	
(i) Details of the on-site storage facility:	*Size: 1* *Capacity: 10* *Provision of on-site storage: Segregated storage in an area of 1 square meter*

(ii) Disposal Facility:	**Type of Treatment Equipment** | **Number of Units** | **Capacity(Kg/day)** | **Quantity Treated or Disposed(Kg/annum)** *List is Empty*
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum:	*0.0*
(iv) No of vehicles used for collection and transportation of BMW:	*0*
(v) Details of incineration, ash and ETP sludge generated, disposal during the treatment of wastes in Kg per annum	**Type of waste** | **Quantity Generated** | **Where disposal** *List is Empty*
(vi) Name of the Common BMW Treatment Facility Operator through which wastes are disposed of:	*GJ Multiclave (India) private Limited*
5. Do you have BMW management committee:	*no*
6. Training Conducted on BMW Details	
(i) Number of training conducted on BMW Management:	*1*
(ii) Number of personnel trained:	*5*
(iii) Number of personnel trained at the time of induction:	*0*
(iv) Number of personnel not undergone any training so far:	*0*
(v) Whether standard manual for training is available:	*yes*
(vi) Any other information:	
7. Details of the accident occurred	
(i) No. of accident occurred:	*0*
(ii) Number of the persons affected:	*0*
(iii) Remedial Action taken:	*Nil*
(iv) Any Fatality occurred, details:	*No*
8. 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*
9. Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year:	*Not applicable*
10. Is the disinfection method or sterilization meeting the log for standards? How many times you have not met the standards in a year?:	*Not applicable*
11. Any other relevant information:	*Nil*

Name and Signature of the Head of the Institution

Date :*17/06/2026*

Place : *Chengalpattu*