

SLRM/OHC/BMW- 25

Safe Steel, Green Steel, Clean Steel



To,

The Environmental Officer

Karnataka State Pollution Control Board
Vijayanagara (Dist),

Date: 01.01.2026

Dear Sir,

Sub: Submission of annual returns under Bio medical waste (management & handling) rules, form-IV for the year 2025

With reference to the above subject please find the enclosed annual returns under Biomedical waste (management & handling) rules, form- IV for the year 2025.

Please acknowledge the receipt of the same.

Thanking you,

Yours Faithfully,

For SLR Metaliks Ltd.



(Vinod B S)
Occupier

ಸ್ವೀಕೃತಿ
ಕ.ರಾ.ಮಾ.ನಿ. ಮಂಡಳಿ
ಪ್ರಾದೇಶಿಕ ಕಛೇರಿ ವಿಜಯನಗರ ಹೊಸಪೇಟೆ
ಸಂಖ್ಯೆ/ದಿನಾಂಕ: 1-26 ಸಂ



Corporate Office :

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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).by 31 January every year).

| Sl. No | Particulars | |
|--------|---|---|
| 1. | Particulars of the Occupiers | |
| (i) | Name of the authorized person (Occupier or: operator of facility) | : Shri: Vinod B S |
| (ii) | Name of HCF or CBMWTF | : SLR Metaliks Limited, Occupational Health Centre |
| (iii) | Address for correspondence | : SLR Metaliks Limited, Narayanadevara Kere, H B Halli (Tq), Dist: Vijayanagara, State: Karnataka. Pin: 58322 |
| (iv) | Address of facility | : SLR Metaliks Limited, Narayanadevara Kere, H B Halli (Tq), Dist: Vijayanagara, State: Karnataka. Pin: 58322 |
| (v) | Tel. No. , Fax No. | : 08394 – 294061 : 08394294215 |
| (vi) | E-mail ID | : environment@slrm.in |
| (vii) | URL of Web site | : www.slrm.co.in |
| (viii) | GPS coordinates of HCF or CBMWTF | : 15° 11' 8.64" N 76° 19' 14.53" E |
| (ix) | Ownership of HCF or CBMWTF | : Private (State Government or Private or Semi Govt. or any other) |
| (x) | Status of Authorisation under the Bio Medical waste (Management and Handling) Rules | : Authorization No: 241 /KSPCB/RO(BLY)/BMW/2017-18/1675 Date: 13.12.2017 |
| (xi) | Status of consents under water Act and Air act | : AW-332167 Valid up to 03.06.2027 |
| 2. | Type of Health care Facility | : |
| (i) | Bedded Hospital | : No. of Beds..... |



| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-----------------|---|--|--|--|-----------------------------------|--|--|--|--|---|--|--|--|-------------------|-----------------------------|-------------|-----------------|---|--------------|--|--|--|------------------|--|--|--|------------|----|--|--|-----------|--|--|--|------------|--|--|--|----------|--|--|--|---------------------------------|--------------|--|--|---------------------------------------|------|--|--|-------------------|------|--|--|------------------------|------|--|--|---------------------------------|----|--|--|
| (ii) Non-bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Veterinary Hospital or any others) | : Occupational health centre | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (iii) License number and its date of expiry | : NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Details of CBMWTF | : NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (i) Number of health care 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) | : Yellow category: Red category: White category: Blue category: General solid waste: } Copy Enclosed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Details of the storage, treatment, transportation, processing and Disposal Facility: | <table border="1"> <tr> <td data-bbox="196 1238 674 1282">(i) Details of the site storage facility</td> <td colspan="4" data-bbox="674 1238 1520 1282">Size: Medium</td> </tr> <tr> <td data-bbox="196 1282 674 1349"></td> <td colspan="4" data-bbox="674 1282 1520 1349">Capacity: 12 kg bucket with lead.</td> </tr> <tr> <td data-bbox="196 1349 674 1459"></td> <td colspan="4" data-bbox="674 1349 1520 1459">Provision of on-site storage (Cold storage of any other provision): NO</td> </tr> <tr> <td data-bbox="196 1459 674 2189" rowspan="10">Disposal Facility</td> <td data-bbox="674 1459 1034 1559">Type of treatment equipment</td> <td data-bbox="1034 1459 1152 1559">No of Units</td> <td data-bbox="1152 1459 1309 1559">Capacity Kg/day</td> <td data-bbox="1309 1459 1520 1559">Quantity treated disposed in Kg per annum</td> </tr> <tr> <td data-bbox="674 1559 1034 1603">Incinerators</td> <td data-bbox="1034 1559 1152 1603"></td> <td data-bbox="1152 1559 1309 1603"></td> <td data-bbox="1309 1559 1520 1603"></td> </tr> <tr> <td data-bbox="674 1603 1034 1647">Plasma pyrolysis</td> <td data-bbox="1034 1603 1152 1647"></td> <td data-bbox="1152 1603 1309 1647"></td> <td data-bbox="1309 1603 1520 1647"></td> </tr> <tr> <td data-bbox="674 1647 1034 1692">Autoclaves</td> <td data-bbox="1034 1647 1152 1692">01</td> <td data-bbox="1152 1647 1309 1692"></td> <td data-bbox="1309 1647 1520 1692"></td> </tr> <tr> <td data-bbox="674 1692 1034 1736">Microwave</td> <td data-bbox="1034 1692 1152 1736"></td> <td data-bbox="1152 1692 1309 1736"></td> <td data-bbox="1309 1692 1520 1736"></td> </tr> <tr> <td data-bbox="674 1736 1034 1780">Hydroclave</td> <td data-bbox="1034 1736 1152 1780"></td> <td data-bbox="1152 1736 1309 1780"></td> <td data-bbox="1309 1736 1520 1780"></td> </tr> <tr> <td data-bbox="674 1780 1034 1824">Shredder</td> <td data-bbox="1034 1780 1152 1824"></td> <td data-bbox="1152 1780 1309 1824"></td> <td data-bbox="1309 1780 1520 1824"></td> </tr> <tr> <td data-bbox="674 1824 1034 1924">Needle tip cutter or Destroyer:</td> <td data-bbox="1034 1824 1152 1924">01 Destroyer</td> <td data-bbox="1152 1824 1309 1924"></td> <td data-bbox="1309 1824 1520 1924"></td> </tr> <tr> <td data-bbox="674 1924 1034 2001">Sharps encapsulation or concrete pit:</td> <td data-bbox="1034 1924 1152 2001">----</td> <td data-bbox="1152 1924 1309 2001"></td> <td data-bbox="1309 1924 1520 2001"></td> </tr> <tr> <td data-bbox="674 2001 1034 2057">Deep burial pits:</td> <td data-bbox="1034 2001 1152 2057">----</td> <td data-bbox="1152 2001 1309 2057"></td> <td data-bbox="1309 2001 1520 2057"></td> </tr> <tr> <td data-bbox="674 2057 1034 2112">Chemical disinfection:</td> <td data-bbox="1034 2057 1152 2112">----</td> <td data-bbox="1152 2057 1309 2112"></td> <td data-bbox="1309 2057 1520 2112"></td> </tr> <tr> <td data-bbox="674 2112 1034 2189">Any others treatment equipment:</td> <td data-bbox="1034 2112 1152 2189">NA</td> <td data-bbox="1152 2112 1309 2189"></td> <td data-bbox="1309 2112 1520 2189"></td> </tr> </table> | (i) Details of the site storage facility | Size: Medium | | | | | Capacity: 12 kg bucket with lead. | | | | | Provision of on-site storage (Cold storage of any other provision): NO | | | | Disposal Facility | Type of treatment equipment | No of Units | Capacity Kg/day | Quantity treated disposed in Kg per annum | Incinerators | | | | Plasma pyrolysis | | | | Autoclaves | 01 | | | Microwave | | | | Hydroclave | | | | Shredder | | | | Needle tip cutter or Destroyer: | 01 Destroyer | | | Sharps encapsulation or concrete pit: | ---- | | | Deep burial pits: | ---- | | | Chemical disinfection: | ---- | | | Any others treatment equipment: | NA | | |
| (i) Details of the site storage facility | Size: Medium | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Capacity: 12 kg bucket with lead. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Provision of on-site storage (Cold storage of any other provision): NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disposal Facility | Type of treatment equipment | No of Units | Capacity Kg/day | Quantity treated disposed in Kg per annum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Incinerators | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Plasma pyrolysis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Autoclaves | 01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Microwave | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Hydroclave | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Shredder | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Needle tip cutter or Destroyer: | 01 Destroyer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sharps encapsulation or concrete pit: | ---- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Deep burial pits: | ---- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chemical disinfection: | ---- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any others treatment equipment: | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



| | | | | |
|----|---|-----|---|----------------|
| | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum. | Nil | | |
| | (iv) No of vehicle used for collection and transportation of biomedical waste | NA | | |
| | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of waste in kg per annum. | NA | Quantity generated NA | Where disposed |
| | (vi) Name of the common Bio-Medical Waste Treatment Facility operation through which waste are disposed of | : | M/s. Suryakantha Environmental Technologies, Ballari #158, Ballari city Corporation Land, Opp. Agrawal Iron Steel Factory, Harginadoni, village, Ballari (Dist) | |
| | (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 | : | NA | |
| 7. | Details training conducted on BMW | : | | |
| | (i) Number of training conducted on BMW Management. | : | 01 | |
| | (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 | : | ----- | |
| | (v) Whether standard manual for training is available? | : | Yes | |
| | (vi) any other information) | : | ----- | |
| 8. | Details of the accident occurred during the year | : | NIL | |
| | (i) Number of Accident occurred | : | | |
| | (ii) Number of persons affected | : | | |
| | (iii) Remedial Action taken (please attach details if any) | : | | |
| | (iv) Any Facility occurred, details. | : | | |

| | | | |
|-----|--|---|----|
| 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? | : | NA |
| 11. | Is the disinfection method or sterilization meeting the log 4 standard? 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 **January 2025 to December 2025.**

Date : 01.01.2026

Place: Narayanadevar Kere

Name and Signature of the Head of the Institution.

M/s. SLR METALIKS LIMITED
Sy. No. 632, 636 etc...
Near Lokappanhola Village,
Narayanadevara Kere,
Hagari Bommanahalli (Tq.)
Vijayanagara (Dist)- Hosapete
Pin No. 583222. Karnataka



SLR Metaliks Limited

Narayanadevara Kere - 583222,

Hagari Bommanahalli (Tq), Vijayanagara (Dist), Karnataka



Categories of Waste Generated for the Year - 2025

| Sl No | Month | Yellow (Gms) | Red (Gms) | Blue (Gms) | White (Translucent) (Gms) | Total (Gms) |
|--------------------|-----------|--------------|--------------|--------------|---------------------------|---------------|
| 1 | January | 1300 | 400 | 550 | 00 | 2250 |
| 2 | February | 900 | 700 | 500 | 00 | 2100 |
| 3 | March | 750 | 380 | 300 | 00 | 1430 |
| 4 | April | 350 | 450 | 140 | 00 | 940 |
| 5 | May | 700 | 490 | 285 | 00 | 1475 |
| 6 | June | 250 | 195 | 175 | 00 | 620 |
| 7 | July | 530 | 510 | 360 | 00 | 1400 |
| 8 | August | 500 | 350 | 300 | 00 | 1150 |
| 9 | September | 500 | 700 | 360 | 00 | 1560 |
| 10 | October | 730 | 830 | 560 | 00 | 2120 |
| 11 | November | 1130 | 780 | 550 | 00 | 2460 |
| 12 | December | 800 | 720 | 540 | 00 | 2060 |
| Total (Gms) | | 8,440 | 6,505 | 4,620 | 00 | 19,565 |

| Sl. No | Particulars | Yellow | Red | Blue | White (Translucent) |
|--------|--------------------------------------|----------|----------|----------|---------------------|
| 01 | Authorization permit limit | 730 kg | 3650 kg | 4380 kg | 1825 kg |
| 02 | Total year generate of BMW FY - 2025 | 8.440 kg | 6.505 kg | 4.620 kg | 0.00 kg |

Dr. Someswara G M

Medical Officer

Dr. Someswara G M

M.B.B.S, M.D (CON. MED), AFH

KMC Reg. No. 58300

HOD - OHC