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Date: 05th February 2026

GPCB ID - 49102

The Regional Officer,
Gandhinagar – RO,
Gujarat Pollution Control Board,
Paryavaran Bhavan, Sector – 10 A,
Gandhinagar- 382010

Subject: Submission of Annual Report under Bio Medical Waste Rules, 2016 for Calendar Year 2025.

Reference: Our BMW Authorization No. BMW-370406 Valid Upto: 22/10/2029.

Dear Sir,


With reference to the above subject, please find enclosed herewith copy duly filled "Form –IV (BMW Annual Report)" under the rule 13 of Biomedical Waste Management Rules, 2016 for the period of January 2025 – December 2025 our Bileshwarpura (Oncology) site.

This Report has been submitted online in XGN Portal on 05/02/2026.

We hope that you will find above in order.


Thanking you,

For, Torrent Pharmaceuticals Ltd.


Ilesh Parikh
(VP-HSE)

Enclosure:

1. Form – IV (BMW Annual Report for Year 2025)
2. MOM's of BMW Committee Meeting


ગુજરાત રાજ્ય દૂષિત વસ્તુ નિયંત્રણ બોર્ડ
ગાંધીનગર ક્ષેત્ર - 10 એ
010226-214740

TORRENT PHARMACEUTICALS LIMITED

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Form - IV
(See rule 13)
BIO-MEDICAL WASTE 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

- (i) Name of the authorised person (occupier or operator of facility) / gpeb_id : **Mr. Hlesh Parikh / 49102**
- (ii) Name of HCF or CBMWTF : **TORRENT PHARMACEUTICALS LTD ONCOLOGY**
- (iii) Address for Correspondence : PLOT NO:S.No.102/p.105/p.106.119.120/p.121.73.74.
S.No.102/p.105/p.106.119.120/p.121.73.74. Near Prestige Hotel.,
Bileshwarpura - 382729 DIST: Gandhinagar., TAL: Kalol ()
- (iv) Address of Facility : PLOT NO:S.No.102/p.105/p.106.119.120/p.121.73.74.
S.No.102/p.105/p.106.119.120/p.121.73.74. Near Prestige Hotel.,
Bileshwarpura - 382729 DIST: Gandhinagar., TAL: Kalol ()
- (v) Tel. No, Fax. No : 8141609949
- (vi) E-mail ID : (hleshparikh@torrentpharma.com)
- (vii) URL of Website : www.torrentpharma.com
- (viii) GPS coordinates of HCF or CBMWTF : Lat:(23.303774) Long:(72.431709)
- (ix) Ownership of HCF or CBMWTF : GEN - General
- (x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules : Authorisation No: AH-151299
Valid Upto: 22/10/2029
- (xi) Status of Consents under Water Act and Air Act : Water: Consent No.(AH-151299) - 22/10/2029
Air: Consent No.(AH-151299) - 22/10/2029

2. Type of Facility

- (i) Bedded Hospital : (Bedded) No of Beds: 2
- (ii) Non-bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) : NA
- (iii) License number and its date of expiry : License No: 370406 Valid Upto: 22/10/2029

- (iii) Number of personnel trained at the time of induction : 20
- (iv) Number of personnel not undergone any training so far : 0
- (v) Whether standard manual for training is available : YES
- (vi) Any other information : NA
8. Details of the Accident Occurred During the Year
- (i) Number of accidents occurred : NA
- (ii) Number of persons affected : NA
- (iii) Remedial action taken (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 meet the standards? : NO
No. of Times Not Meet (Air): 0
- Details of continuous online emission monitoring systems installed : NO
10. Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? : YES NA
No. of Times Not Meet (water) : 0
11. Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? : YES
12. Any other relevant information : BMW committee meeting being conducted every six month. Meeting conducted on 24.02.25 and 12.08.25. MoM are attached with Hard copy of annual Return. We are industrial unit and separate ETP is provided for effluent treatment. BMW is disposed to M.s Care BMW incinerator Common disposal facility

Handwritten signature and date: 07/02/26

The undersigned hereby certifies that the information submitted in this Annual Return under Bio-Medical Waste Management Rules, 2016 is accurate and complete to the best of our knowledge, based on records maintained at the facility.

Certified that the above report is for the period from : 2025

Handwritten signature and date: 07/02/26

Name and Signature of the Head of the Institution