



Date: 29th June, 2026

To,
The Environmental Engineer,
Regional Office,
Andhra Pradesh Pollution Control Board,
Visakhapatnam-530018.

Respected Sir,

Sub: Regarding the submission of Form 4 of Bio Medical Waste Annual Returns filing for the calendar year 2025.

We **Aragen Life Sciences Limited**, Unit-II, SEZ, Plot No.94, and Ramky Pharma City India Limited, Lemarthy Village, Parawada Mandal, Visakhapatnam-531019, Andhra Pradesh.

With reference to the above subject, we are herewith submitting the **Form 4 (Form for Filing annual returns)" of Bio Medical Waste for the calendar year 2025.**

We kindly request you to acknowledge the same.

Thanking you

Yours Faithfully,

For Aragen Life Sciences Ltd., UNIT-II


Authorized Signatory



Correspondence Address
Aragen Life Sciences Pvt. Ltd.
Plot No. 94, JN Pharma City (JNPC)
Parawada (M), Visakhapatnam 531 019, India
T: +91 892 423 6799
W: aragen.com

Registered & Corporate Office
Aragen Life Sciences Pvt. Ltd.
28 A, IDA Nacharam, Hyderabad 500 076, India
T: +91 40 6692 9999 F: +91 40 6692 9900
CIN: U74999TG2000PTC035826

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 (CBMWTF)]

S. No	Particulars		
1.	Particulars of the Occupier		
	(i) Name of the authorized person (occupier or operator of facility)	:	Mr. G Ramakrishna
	(ii) Name of HCF or CBMWTF	:	Aragen Life Sciences Limited, Manufacturing Unit-2
	(iii) Address for Correspondence	:	Unit-II, SEZ, Plot No.94, and Ramky Pharma City India Limited, Lemarthy Village, Parawada Mandal, Visakhapatnam, 531019
	(i) Address of Facility		Unit-II, SEZ, Plot No.94, and Ramky Pharma City India Limited, Lemarthy Village, Parawada Mandal, Visakhapatnam, 531019
	(ii) Tel. No. Fax. No.		+91 8897911167
	(V) E-mail ID	:	ayyappadeepak.mutnuru@aragen.com
	(i) URL of Website	:	www.aragen.com
	(ii) GPS coordinates of HCF or CBMWTF		CBMWTF
	(iii) Ownership of HCF of CBMWTF		Private
	(iv) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules.	:	Authorization No.: PCB/ROVSP/BMW/HCE- 1005/2023 dated 21.03.2023 Valid up to: 30.06.2028
	(v) Status of Consents under Water Act and Air Act.	:	Order No. APPCB/VSP/385/HO/CFO/2015 Date: 23.08.2022 Valid up to: 31.08.2027
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 1
	(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.	:	-
3.	Details if 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
	(iv) Quantity of biomedical waste treated or disposal by CBMWTF	:	NA

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4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow category: 14.5 kg /annum Red Category: 0 kg /annum White: 3.1 kg/annum Blue Category: 3.6 kg/annum																																																																				
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																																						
	(i) Details of the on-site storage facility	:	Size : -- Capacity: NA cu. meter Provision of on-site storage : The Biomedical waste is stored in color coded bins for not more than 48 hours																																																																				
	(ii) Disposal Facilities	:	<table border="0"> <thead> <tr> <th>Type of treatment Equipment</th> <th>No of Units disposed In Kg per Annum</th> <th>Capacity Kg/day</th> <th>Quantity treated or</th> </tr> </thead> <tbody> <tr><td>Incinerators</td><td></td><td>---</td><td></td></tr> <tr><td>Plasma Paralysis</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</td><td></td><td>---</td><td></td></tr> <tr><td>Destroyer</td><td></td><td>---</td><td></td></tr> <tr><td>Sharps</td><td></td><td>---</td><td></td></tr> <tr><td>encapsulation or</td><td></td><td>---</td><td></td></tr> <tr><td>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</td><td></td><td>---</td><td></td></tr> <tr><td>disinfection:</td><td></td><td>----</td><td></td></tr> <tr><td>Any other treatment</td><td></td><td>---</td><td></td></tr> <tr><td>equipment:</td><td></td><td>---</td><td></td></tr> </tbody> </table>	Type of treatment Equipment	No of Units disposed In Kg per Annum	Capacity Kg/day	Quantity treated or	Incinerators		---		Plasma Paralysis		---		Autoclaves		---		Microwave		---		Hydroclave		---		Shredder		---		Needle tip cutter or		---		Destroyer		---		Sharps		---		encapsulation or		---		concrete pit		---		Deep Burial pits:		---		Chemical		---		disinfection:		----		Any other treatment		---		equipment:		---	
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	(iii) Quantity of recyclable wastes sold to authorize recyclers after treatment in kg per annum.	:	NA																																																																				
	(iv) No of vehicles used for collection and transportation of biomedical waste.	:	01																																																																				
	(v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum)		Quantity Generated Where disposal Incineration Ash NA ETP Sludge																																																																				
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	Vasista Enviro Care , De-Notified Area, APSEZ, Atchutapuram (M), Visakhapatnam District																																																																				

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	(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.	:	Yes, No observations
7.	Detail trainings conducted on BMW		
	(i) Number of training conducted on BMW Management.		01
	(ii) Number of personnel trained		04
	(iii) Number of personnel trained at the time of induction		all
	(iv) Number of personnel not undergone any training so far.		0
	(v) Whether standard manual for training is available ?		Yes
	(vi) Any other information)		Nil
8.	Details of the accident occurred during the year		No
	(i) Number of Accidents occurred		NA
	(ii) Number of the persons affected		NA
	(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?		INCINERATOR NOT AVAILABLE WITH OUR ORGANIZATION. OUT SOURCED.
	Details of Continuous online emission monitoring systems installed		OUT SOURCED
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year.		NA
11.	It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		NA
12.	Any other relevant information		Nil

Certified that the above report is for the period from **January 1, 2025 to December 31 2026.**

Date: 29-06-2026

Place: Visakhapatnam


Signature of the authorized person