

Fresenius Kabi Oncology Ltd.
D-35, Industrial Area, Kalyani,
Dist. Nadia - 741235
West Bengal, INDIA
T +91-33-61665000, 61665111
F +91-33-61665300
www.fresenius-kabi-oncology.com

Date: 11 Apr. 2026

To,

The Environmental Engineer
West Bengal Pollution Control Board
Barrackpore Regional Office
Panpure More, P.O Narayanpur
Kankinara, 24 Pargana's (North)

Subject: - Submission of Form IV (Annual Return) for the period from January
2025 to December 2025.

Dear Madam,

We are submitting herewith the Annual Return of Biomedical waste in duly filled Form IV
and Form-1 for the period from January 2025 to December 2025 as per the provisions of
the Bio-Medical Waste Management Rules, 2016.

Trust the above is in line with your requirement.

With best regards,

For Fresenius Kabi Oncology Ltd.


Bishwajit Chakraborty
Head EHS



Encl.: -

- 1) Online Filled Form - IV
- 2) Filled Form - 1
- 3) Photocopy of Emergency Preparedness Plan - 2025

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 : 8229875

Period : 2025

1. Particulars of the Occupier	
(i) Name of the authorized person (Occupier or operator of facility):	SOHAM CHAKRABORTY
(ii) Name of HCF or CBMWTF:	FRESENIUS KABI ONCOLOGY LIMITED
(iii) Address for Correspondence:	D-35, Industrial Area, Kalyani, Nadia
(iv) Address of Facility:	D-35 INDUSTRIAL AREA KALYANI NADIA PIN 741235
(v) Tel. No.:	9051301818
(vi) Fax. No.:	033 - 33255444
(vii) E-mail ID:	soham.chakraborty@fresenius-kabi.com
(viii) URL of Website:	FRESENIUS
(ix) GPS coordinates of HCF or CBMWTF:	HCF/CBMWTF
(x) Ownership of HCF or CBMWTF:	Private
(xi) Status of Authorization under the BMW (Management and Handling) Rules:	Authorization No.: D0012204 Valid Upto: 31/12/2041
(xii) Status of Consents under Water Act and Air Act.:	Valid Upto: 31/12/2028
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):	0
(iii) Licence Number:	12204
(iv) Licence date of expiry:	
3. Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category: 803.74 Red Category: 4269.23 White Category: 0 Blue Category: 0 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: 66 Capacity: 400 Provision of on-site storage: YES

(ii) Disposal Facility:	<table border="1"> <tr> <th>Type of Treatment Equipment</th> <th>Number of Units</th> <th>Capacity (Kg/day)</th> <th>Quantity Treated or Disposed (Kg/annum)</th> </tr> <tr> <td colspan="4">List is Empty</td> </tr> </table>	Type of Treatment Equipment	Number of Units	Capacity (Kg/day)	Quantity Treated or Disposed (Kg/annum)	List is Empty			
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	<table border="1"> <tr> <th>Type of waste</th> <th>Quantity Generated</th> <th>Where disposal</th> </tr> <tr> <td colspan="3">List is Empty</td> </tr> </table>	Type of waste	Quantity Generated	Where disposal	List is Empty				
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:	Medicare Environmental Management Pvt. Ltd.								
5. Do you have BMW management committee:	no								
6. Training Conducted on BMW Details									
(i) Number of training conducted on BMW Management:	12								
(ii) Number of personnel trained:	8								
(iii) Number of personnel trained at the time of induction:	2								
(iv) Number of personnel not undergone any training so far:	0								
(v) Whether standard manual for training is available:	yes								
(vi) Any other information:	No								
7. Details of the accident occurred									
(i) No. of accident occurred:	0								
(ii) Number of the persons affected:	0								
(iii) Remedial Action taken:	NA								
(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?:	NA								
Details of Continuous online emission monitoring systems installed:	NA								
9. Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year:	NA								
10. Is the disinfection method or sterilization meeting the log for standards? How many times you have not met the standards in a year?:	NA								
11. Any other relevant information:	NA								

Name and Signature of the Head of the Institution



Date :13/03/2026

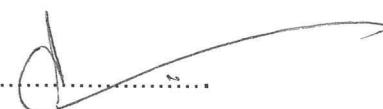
Place : Nadia

FORM - I
[(See rule 4(o), 5(i) and 15 (2))]

ACCIDENT REPORTING

1. Date and time of accident: Not Applicable for Reporting year
[01 Jan.2025 to 31 Dec.2025]
2. Type of Accident: **Not Applicable**
3. Sequence of events leading to accident: **Not Applicable**
4. Has the Authority been informed immediately? **Not Applicable**
5. The type of waste involved in accident: **Not Applicable**
6. Assessment of the effects of the accidents on human
health and the environment: **Not Applicable**
7. Emergency measures taken: **Not Applicable**
8. Steps taken to alleviate the effects of accidents: **Not Applicable**
9. Steps taken to prevent the recurrence of such an accident: **Not Applicable**
10. Does your facility has an Emergency Control Policy? If yes give
detail: Emergency Preparedness Plan available at site.

Attached Emergency Preparedness Plan 2025.

Date : 13/Jan/2025 Signature 

Place: Kalyani Designation Manager - E - BHS

Fresenius Kabi Oncology Ltd.
D-35, Industrial Area, Kalyani,
Dist. Nadia - 741235
West Bengal, INDIA
T +91-33-61665000, 61665111
F +91-33-61665300
www.fresenius-kabi-oncology.com

Date: 18 Feb. 2025

To,

The Environmental Engineer
West Bengal Pollution Control Board
Barrackpore Regional Office
Panpure More, P.O Narayanpur
Kankinara, 24 Pargana's (North)

Subject: - Submission of Form IV (Annual Return) for the period from January
2024 to December 2024.

Dear Madam,

We are submitting herewith the Annual Return of Biomedical waste in duly filled Form IV
and Form-1 for the period from January 2024 to December 2024 as per the provisions of
the Bio-Medical Waste Management Rules, 2016.

Trust the above is in line with your requirement.

With best regards,

For Fresenius Kabi Oncology Ltd.



Bishwajit Chakraborty
Head EHS Kalyani Plant

Encl.: -

- 1) Online Filled Form - IV
- 2) Filled Form - 1
- 3) Photocopy of Emergency Preparedness Plan - 2024



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 : 6419186

Period : 2024

1. Particulars of the Occupier	
(i) Name of the authorized person (Occupier or operator of facility):	Bishwajit Chakraborty
(ii) Name of HCF or CBMWTF:	FRESENIUS KABI ONCOLOGY LIMITED, KALYANI
(iii) Address for Correspondence:	D-35, Industrial Area, Kalyani, Nadia
(iv) Address of Facility:	D-35, INDUSTRIAL AREA, KALYANI, NADIA
(v) Tel. No.:	8335827744
(vi) Fax. No.:	033 - 33255444
(vii) E-mail ID:	Bishwajit.Chakraborty@fresenius-kabi.com
(viii) URL of Website:	Fresenius
(ix) GPS coordinates of HCF or CBMWTF:	HCF/CBMWTF
(x) Ownership of HCF or CBMWTF:	Private
(xi) Status of Authorization under the BMW (Management and Handling) Rules:	Authorization No.: D0012204 Valid Upto: 31/12/2041
(xii) Status of Consents under Water Act and Air Act.:	Valid Upto: 31/12/2028
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):	0
(iii) Licence Number:	12204
(iv) Licence date of expiry:	
3. Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category: 796 Red Category: 4403 White Category: 0 Blue Category: 0 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: 66 Capacity: 400 Provision of on-site storage: YES

(ii) Disposal Facility:	<table border="1"> <thead> <tr> <th>Type of Treatment Equipment</th> <th>Number of Units</th> <th>Capacity (Kg/day)</th> <th>Quantity Treated or Disposed (Kg/annum)</th> </tr> </thead> <tbody> <tr> <td colspan="4">List is Empty</td> </tr> </tbody> </table>	Type of Treatment Equipment	Number of Units	Capacity (Kg/day)	Quantity Treated or Disposed (Kg/annum)	List is Empty			
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	<table border="1"> <thead> <tr> <th>Type of waste</th> <th>Quantity Generated</th> <th>Where disposal</th> </tr> </thead> <tbody> <tr> <td colspan="3">List is Empty</td> </tr> </tbody> </table>	Type of waste	Quantity Generated	Where disposal	List is Empty				
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:	Medicare Environmental Management Pvt. Ltd. , Kalyani Nadia								
5. Do you have BMW management committee:	no								
6. Training Conducted on BMW Details									
(i) Number of training conducted on BMW Management:	15								
(ii) Number of personnel trained:	9								
(iii) Number of personnel trained at the time of induction:	4								
(iv) Number of personnel not undergone any training so far:	0								
(v) Whether standard manual for training is available:	yes								
(vi) Any other information:	No								
7. Details of the accident occurred									
(i) No. of accident occurred:	0								
(ii) Number of the persons affected:	0								
(iii) Remedial Action taken:	NA								
(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?:	NA								
Details of Continuous online emission monitoring systems installed:	NA								
9. Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year:	NA								
10. Is the disinfection method or sterilization meeting the log for standards? How many times you have not met the standards in a year?:	NA								
11. Any other relevant information:	No								

Name and Signature of the Head of the Institution

Date :18/02/2025

Place : Nadia



FORM – I
[(See rule 4(o), 5(i) and 15 (2))]

ACCIDENT REPORTING

1. Date and time of accident: Not Applicable for Reporting year
[01 Jan.2024 to 31 Dec.2024]
2. Type of Accident: **Not Applicable**
3. Sequence of events leading to accident: **Not Applicable**
4. Has the Authority been informed immediately? **Not Applicable**
5. The type of waste involved in accident: **Not Applicable**
6. Assessment of the effects of the accidents on human
health and the environment: **Not Applicable**
7. Emergency measures taken: **Not Applicable**
8. Steps taken to alleviate the effects of accidents: **Not Applicable**
9. Steps taken to prevent the recurrence of such an accident: **Not Applicable**
10. Does your facility has an Emergency Control Policy? If yes give
detail: Emergency Preparedness Plan available at site.

Attached Emergency Preparedness Plan 2024.

Date : 18 Feb 2025 Signature : [Signature]

Place: Kalyan Designation : Head Bets