

Date :08/06/2026

To,
The District Environmental Engineer
Tamilnadu Pollution Control Board,
Hosur Taluk, Krishnagiri District,
Pin : 635126

Dear Sir,

Ref: Biomedical waste Authorisation : 25BAD63667364 dated 27/02/2025

Sub : Biomedical waste annual report for the year 2025

Please find the enclosed Annual Report for the year 2025 of Ather Energy Limited, Unit 2, 156/2B2 in Form 4 under the rules of Bio medical waste management rules, 2016.

Herewith request you to kindly acknowledge the letter of receipt.

Thanking you,

Your Faithfully,
For Ather Energy Ltd. Unit 2



Authorized Signatory



Ather Energy Limited
(formerly known as Ather Energy Private Limited)
Unit 2 Vehicle Plant: No.156/2B2, Maragathammbal Industrial
and Logistics Park LLP, Madhagondapalli Village,
Denkanikotta Taluk, Krishnagiri District, Tamilnadu - 635114.

Registered Office: 3rd Floor, Tower D, IBC Knowledge Park,
Bannerughatta Main Road, Bengaluru, Karnataka - 560029.



Website : www.atherenergy.com
Phone : 080-664-65750
Email : info@atherenergy.com
CIN Number : U40100KA2013PLC093769

Form IV
(See rule 13)

ANNUAL REPORT

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or operator of facility)	:	Mr. Ananiya Prabhu
	(ii) Name of HCF or CBMWTF	:	Ather Energy Limited Unit 2, Vehicle Plant
	(iii) Address for Correspondence	:	Ather Energy Limited Unit 2 Vehicle plant, 156/2B2, Maragathammbal Industrial and Logistics park, LLP, Madhagondapalli Village, Denkanikottai Taluk, Krishnagiri District, Tamil Nadu- 635114
	(iv) Address of Facility	:	Ather Energy Limited Unit 2 Vehicle plant, 156/2B2, Maragathammbal Industrial and Logistics park, LLP, Madhagondapalli Village, Denkanikottai Taluk, Krishnagiri District, Tamil Nadu- 635114
	(v) Tel. No, Fax. No	:	9600311683
	(vi) E-mail ID	:	ananiya.prabhu@atherenergy.com
	(vii) URL of Website	:	https://www.atherenergy.com/
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No:25BAD63667364 One time authorisation
	(xi). Status of Consents under Water Act and Air Act	:	Valid Upto : 31/03/2028
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	
	(ii) Non-bedded hospital	:	0(including OHC)
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	-
3.	Details of CBMWTF	:	NA
	(i) Number healthcare facilities covered by	:	

	CBMWTF																																																		
	(ii) No of beds covered by CBMWTF	:																																																	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:																																																	
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:																																																	
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category: 11.84 Kg Red Category : 7.62 Kg White: 1.29 Kg Blue Category : 1.88 Kg General Solid waste:																																																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility	:	Size : Small Bins Capacity : - Provision of on-site storage: Colour coded bins.																																																
	Disposal facilities		Not applicable <table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr><td>Incinerators</td><td></td><td></td><td></td></tr> <tr><td>Plasma Pyrolysis</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 destroyer</td><td></td><td>-</td><td></td></tr> <tr><td>Sharps encapsulation or 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 disinfection:</td><td></td><td>-</td><td></td></tr> <tr><td>Any other treatment equipment:</td><td></td><td></td><td></td></tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators				Plasma Pyrolysis				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 authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)																																																

	(iv) No of vehicles used for collection and transportation of biomedical waste	:	
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity generated Where disposed Incineration Ash ETP Sludge
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	:	
	(vii) List of member HCF not handed over bio-medical waste.		
6	Do you have a bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		Yes & MOM Attached
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		1
	(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		-
	(v) whether standard manual for training is available?		Yes
	(vi) any other information)		
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		1
	(ii) Number of the persons affected		1
	(iii) Remedial Action taken (Please attach details if any)		Acknowledged copy of the Form 18 Attached.
	(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?		NA
	Details of Continuous online emission monitoring systems installed		

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 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 2025 to December 2025.

Date: 08/06/2026

Place: Hosur

Signature of the Authorized person

	BMW Committee	Doc. No	AE/BMWC/MOM/ 01
	Minutes Of Meeting	Rev. No.	01
		Rev. Date	22/08/2024
		Eff. Date	22/08/2024

Location : Hosur Factory	Date of meeting: 24/02/2025
Purpose : BMW Committee Meeting	

MEMBERS PRESENT	DISCUSSION POINTS
Rakesh Singha Ananiya Prabhu M Suresh R Sneha S	❖ Briefing on the legal requirements ❖ Discussion on the MOM of last BMW Committee Meetings ❖ BMW consolidation of Disposal and Generation ❖ Improvements made ❖ Suggestions and Remarks

Prepared By : Sneha S	Date: 24.02.2025
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ATHER	BMW Committee	Doc. No.	AE/BMWC/MOM/01
	Minutes Of Meeting	Rev. No	01
		Rev. Date	22/08/2024
		Eff. Date	22/08/2024

Points discussed:

1. Root cause analysis for the delay in acquiring the BMW Authorisation
2. Addressing the Non compliance
3. Validation of the first aid cases and the BMW generation
4. Vendor Site audit - verification of disposal mechanism
5. Implementation of Disposable bed covers - trail basis.
6. Medical examination of workers to be done before allowing them to take rest. to address the issue of increasing number of individuals bound to take rest.

Suggestions:

1. Updation of BMW generation and Disposal Template - with permissible limits
2. Document verification of Resustainability and Addition of a "Clause" in the agreement, if in case of violations to be made
3. Refresher trainings for the personnel who handle the BMW has to be provided
4. Preparation of SOP for the weighment and disposal of BMW
5. Inventory tracking on the BMW color coded Covers and the medicine stock
6. Maintain an MIS and inform the stakeholders of the Non Compliance retained on a monthly basis.

ATHER	BMW Committee	Doc. No	AE/BMWC/MOM/01
	Minutes Of Meeting	Rev. No.	01
		Rev. Date	22/08/2024
		Eff. Date	22/08/2024

Location : Hosur Factory		Date of meeting: 20/05/2025
Purpose : BMW Committee Meeting		
MEMBERS PRESENT	AGENDA	
Rakesh Singha Ananiva Prabhu M Suresh E Sneha S This V	❖ Legal Compliance status ❖ Discussion on the MOM of last BMW Committee Meetings ❖ BMW consolidation of Disposal and Generation ❖ Improvements to be made ❖ Suggestions and Remarks	
Prepared By : Sneha S		Date: 20.05.2025

ATHER	BMW Committee	Doc. No	AE/BMWC/MOM/01
	Minutes Of Meeting	Rev. No.	01
		Rev. Date	22/08/2024
		Eff. Date	22/08/2024

Points discussed:

1. New Bio Medical Waste Authorisation Obtained
2. Training and Awareness Provision to the Person involved in handling the Bio medical waste.
3. Achieving Consent Condition Compliance.
4. SOP defined for handling of Bio medical waste.

	BMW Committee	Doc. No	AE/BMWC/MOM/ 01
	Minutes Of Meeting	Rev. No.	01
		Rev. Date	22/08/2024
		Eff. Date	22/08/2024

Location : Hosur Factory		Date of meeting: 15/12/2025
Purpose : BMW Committee Meeting		
MEMBERS PRESENT	AGENDA	
Rakesh Singha Ananiva Prabhu M Titus V Manand PK Sneha S Director - Mrs.Kousalya	❖ Legal Compliance status ❖ Discussion on the MOM of last BMW Committee Meetings ❖ BMW consolidation of Disposal and Generation ❖ Improvements to be made	
Prepared By : Sneha S		Date: 15.12.2025

ATHER	BMW Committee	Doc. No.	AE/BMWC/MOM/ 01
	Minutes Of Meeting	Rev. No.	01
		Rev. Date	22/08/2024
		Eff. Date	22/08/2024

Points discussed:

1. Review of Inprogress compliance consent conditions were addressed:
 - a. Bar code - As an containment action temporary Barcode is to be prepared and put into use until the vendor provides, and submission to be made to TNPCB
 - b. Disposal Compliance of not exceeding 48 hours is in progress and will be put into place from the month of Jan
2. The Graphs depicting the Bio Medical waste generation and disposal is to be updated with category specific.
3. The resting cases data to be further validated across departments and shifts to analyse the root cause and address the issues
4. Check the disposal of Biomedical waste generated from ambulance during the time of emergencies.
5. Internal audit is to be carried out on regular intervals
6. Periodic Refresher Trainings for nurse, House keeping employees to be done
7. Integration of Click Application to enhance the data validation
8. The data to be updated in the website shall be in the same UOM.
9. The safety stock of Biomedical waste handling covers are to be maintained.

Date: 19-Nov-2025

To

The Joint Director of **Industrial** Safety & Health,
No.3/2 A, Seetharam Nagar,
Krishnagiri Bye Pass Road,
Hosur – 635109.

Dear Sir,

Sub: Submission of Form 18 for incident happened at our plant on 18-Nov-2025
Ref: Factory License No. KNG12309

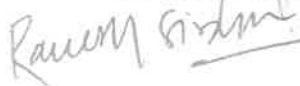
With reference to the above subject, please find attached the Form 18 for the incident happened at our factory M/s Ather Energy Limited, Unit-2, Sy. No: 156/1A, 156/1B, 156/1C, 156/2A, 157/1, 158/1, 158/2, 159/2B2, 159/7, 160/6B, 166/2B, 166/2C, 167/1, Maragathammbal Industrial Logistics Park, Madhagondapalli Village, Denkanikota Taluk, Krishnagiri District, Tamil Nadu – 635114.

Kindly acknowledge the receipt.

Thanking you,

Yours faithfully,

For Ather Energy Limited



Rakesh Singha
Factory Manager



Encl: a/a

For 
JOINT DIRECTOR
INDUSTRIAL SAFETY & HEALTH
HOSUR

THE TAMIL NADU FACTORIES RULES, 1950

FORM NO.18

(Prescribed under rule 96)

REPORT OF ACCIDENT INCLUDING DANGEROUS OCCURRENCE

Employees State Insurance Corporation Employer's Code Number	63530381090010000
Registration Number	KNG12309
License Number	KNG12309
Name and Address of Local Employees' State Insurance Corporation Office	BO - Hosur,ESI Hospital Complex, SIPCOT Phase II, 635129, Tamilnadu
Industrial Classification Code No. (as given in the license)	30911
Name and Address of the factory:	Ather Energy Limited Unit-2, Sy No 158/1A, 158/1, 158/2, 159/2B2, 159/7, 160/1A, 160/2A, 160/2C, 167/1, Maragathammbal Industrial Logistics Park, Maragathammbal Village, Denkanikotta Taluk, Krishnagiri District, Tamil Nadu - 635114
Name address and telephone number of the occupier	Mr.Tarun Sanjay Mehta, Door No: A603, Mantri Baradari, 7th Cross Road, Sector 4, HSR Layout, Bengaluru- 560102
Nature of industry (as given in the license)	Manufacturing of Electric Vehicles
Date, Shift and hour of accident or dangerous occurrence	18-Nov-2025 at 11:00 AM Shift at 11:00 AM
Department/Section and exact place where the accident or dangerous occurrence took place	Manufacturing of Electric Vehicles
a.Description of the accident or dangerous occurrence (indicating type)	- While the MHE operator was reversing the forklift, the operator's right foot got caught between the forklift and the heavy table.
b.Whether it involves Fire, NO, emission of toxic substances? NO, (Substance) _____	
Total number of persons injured or killed (One)	
Number of persons injured	
Inside the factory	1
Outside the factory	0
Number of persons killed	
Inside the factory	0
Outside the factory	0
Note: If any person outside the factory premises is injured or killed in the accident or dangerous occurrence, please furnish the information to the extent available.-	
Particulars of persons injured killed	
Name	Mr.Prasanth G., S/o Mr.Gopinatha
Age	25
Sex	Male
Serial Number in the register of Adult workers and young persons	Employee ID: 07763
Address	No. 104 Keazhappalli Colony Keazhappalli Village, 635007
Precise if adult workers	Yes
Nature of job	MHE Operator - Warehouse
Cause of injury: explosion-NA, Fire-NA; Emission of toxic substances-NA, Others: MHE operator was reversing Battery Operated Slacker to move material from one location to another location and the operator's right foot got caught between the forklift and the heavy table.	
Particulars of injury	
a.Fatal (Time and date of death):	NA

b.Non-fatal (if serious) give the extent of injury such as loss of limb/sight and hearing, fracture, permanent impairment, severe burns)	Minor Closed Fracture of the right foot near the toes
c.State whether the injured person was disabled for more than 48 hours	No
d.Location of injury (i.e. part of body such as right leg, left hand, left eye, etc. injured):	- The right foot near the toes
a.State exactly what the injured person was doing at the time of occurrence	-The person was operating Battery Operated Stacker to move material from one location to another in the warehouse area. While the forklift was being operated, it hit the person's right foot near the toes.
b.Does this work fall in the category of hazardous/dangerous process or operations	NO
Hazardous process	NO
Dangerous process or Operation	NO
a.Hour at which the injured persons started work on the day of accident or dangerous occurrence	08:30 AM
b.Whether wages in full or part are payable to him for the day of accident or dangerous occurrence	Yes
In case the accident or dangerous occurrence took place while the injured person was travelling as a passenger to and from his place of work	
a.the injured person was travelling as a passenger to and from his place of work	NA
b.the injured persons was travelling with the express or implied permission of his employer	NA
c.The transport is being operated by or on behalf of the employer or some other persons by whom it is provided in pursuance of arrangements made with the employer	NA
d.The vehicle is being operated in the ordinary course of public transport service.	NA
In case the accident took place while meeting emergencies state	
a.Its nature:	NA
b.Whether the injured person at the time of accident was employed for the purpose of his employer's trade or business in or about the premises at which the accident took place:	Yes, MHE Operation at Warehouse
a.Physician, dispensary or hospital from whom or in which injured person received or is receiving treatment :	Kalvary Hospital, Madhavaram, Tammisalem
b.Name of dispensary/panel doctor elected by the injured person.	NA
Name and address of the person who reported the accident	
Mr. Lakshmi Narasimman Chennai Epoke Pvt. Ltd. 100 Feet Road, TVC Nagar, Hosur - 535109.	

(Range of motion is dangerous occurrence)

The WAB Dismantling and re-assembly is required to be performed by a trained person while performing work required to be performed by a trained person between the front and back of the machine.

I certify that to the best of my knowledge and belief, the above is true and correct.

Date: 19-Nov-2025

Signature of Manager/Owner

Name: Block Printing, Rakesh Singh ★

Mobile: 8922 88705

