

Annexure II

BUSINESS RESPONSIBILITY & SUSTAINABILITY REPORTING FORMAT

SECTION A: GENERAL DISCLOSURES

Details of the listed entity

The following table:

S. No.	Field Name	Form ID	Document Source	Data Location	Action
1	Corporate Identity Number (CIN) of the Listed Entity	cin	Form MGT-7/A	Certificate of Incorporation / FY Statement Header	(OBTAINED)
2	Name of the Listed Entity	entityName	Form MGT-7/A	Company name in statement header	(OBTAINED)
3	Year of incorporation	yearIncorp	Form MGT-7/A	Certificate of Incorporation - Date of Incorporation	(OBTAINED)
4	Registered office address	regAddress	Form MGT-7/A	Corporate Information section / Schedule	(OBTAINED)

5	Corporate address	corpAddress	Form MGT-7/A	Cover page / Corporate HQ details in notes	(OBTAINED)
6	E-mail	email	Annual Report / Website	Corporate contact information	(OBTAINED)
7	Telephone	phone	Annual Report / Corp Documents	Corporate contact details	(OBTAINED)
8	Website	website	Annual Report / Corp Documents	Company website URL in contact section	(OBTAINED)
9	Financial year for which reporting is being done	Balance Sheet / P&L Statement	"FY period in header (e.g., 2023-24)"	(OBTAINED)	
10	Name of the Stock Exchange(s) where shares are listed	stockExchange	Balance Sheet Header / Exchange Filing	Stock exchange in header (BSE/NSE)	(OBTAINED)
11	Paid-up	paidUpCapi	Balance	Shareholder	(OBTAINED)

	Capital	tal	Sheet	s' Equity → Share Capital	D)
12	"Name and contact details (telephone, email address) of the person who may be contacted in case of any queries on the BRSR report"	brsr_contact_person	Manual	Name,Telephone,email	(FILL)
13	"Reporting boundary - Are the disclosures under this report made on a standalone basis (i.e. only for the entity) or on a consolidated basis (i.e. for the entity and all the entities	reportingBoundary	Manual	Standalone vs Consolidated indicator	(FILL)

	which form a part of its consolidated financial statements, taken together)"				
14	Name of assurance provider	assuranceProvider	Auditor's Report / Annual Report	Auditor firm name in Audit Report / BRSR Assurance Letter	(OBTAINED)
15	Type of assurance obtained	assuranceType	BRSR Assurance Letter / Audit Report	Limited/Reasonable/No Assurance type	(OBTAINED)

Products/services

Details of business activities (accounting for 90% of the turnover):

Sales summary report with description (it is compulsory and available on click from gst software of the firm) (OBTAINED)

The following table:

S. No.	Description of Main Activity	Description of Business Activity	% of Turnover of the entity
(FILL)	(OBTAINED)	(OBTAINED)	(CALCULATION)

Products/Services sold by the entity (accounting for 90% of the entity's Turnover):

Sales summary report with description (it is compulsory and available on click from gst software of the firm) (OBTAINED)

The following table:

S. No.	Product/Service	NIC Code	% of total Turnover contributed
(FILL)	(OBTAINED)	(OBTAINED)	(CALCULATION)

Operations

Number of locations where plants and/or operations/offices of the entity are situated:

Plants (National)- GST site with the help of GST number (OBTAINED)

Plants (International)- Consolidated annual report -Consolidated Notes-Overseas properties in notes (OBTAINED)

The following table:

Location	Number of plants	Number of offices	Total
National	(OBTAINED)	(OBTAINED)	(CALCULATION)
International	(OBTAINED)	(OBTAINED)	(CALCULATION)

Markets served by the entity:

Number of locations : Plants (National)-GST site with the help of GST number (OBTAINED)

Plants (International)- Consolidated annual report -Consolidated Notes-Overseas properties in notes (OBTAINED)

The following table:

Locations	Number
National (No. of States) mca site	(OBTAINED)
International (No. of Countries)	(OBTAINED)

What is the contribution of exports as a percentage of the total turnover of the entity?

Sales summary for GST - extract exports- (OBTAINED)

Total turnover -P&L account- (OBTAINED)

= export*100/ turnover (CALCULATION)

A brief on types of customers

Descriptive from website (OBTAINED)

Employees

Details as at the end of Financial Year:

Employees and workers (including differently abled): HR MIS/ HR EXCEL/ fill (FILL)

The following table:

S. No.	Particulars	Total (A)	Male		Female	
			No. (B)	% (B / A)	No. (C)	% (C / A)
EMPLOYEES						
1.	Permanent (D)	(FILL)	(FILL)	(CALCULATION) [=B*100/	(FILL)	(CALCULATION) [=C*100/

				A]		A]
2.	Other than Permanent (E)	(FILL)	(FILL)	(CALCULATION) [=B*100/A]	(FILL)	(CALCULATION) [=C*100/A]
3.	Total employees (D + E)	(CALCULATION) [=D+E]	(CALCULATION) [=D+E]	(CALCULATION) [=D+E]	(CALCULATION) [=D+E]	(CALCULATION) [=D+E]
WORKE RS						
4.	Permanent (F)	(FILL)	(FILL)	(CALCULATION) [=B*100/A]	(FILL)	(CALCULATION) [=C*100/A]
5.	Other than Permanent (G)	(FILL)	(FILL)	(CALCULATION) [=B*100/A]	(FILL)	(CALCULATION) [=C*100/A]

The following table:

| 6. | Total workers (F + G) | (CALCULATION) [=D+E] |

Differently abled Employees and workers:

The following table:

S. No	Particulars	Total (A)	Male		Female	

			No. (B)	% (B / A)	No. (C)	% (C / A)
DIFFERENTLY ABLED EMPLOYEES						
1.	Permanent (D)	(FILL)	(FILL)	(CALCULATION) [=B*100/A]	(FILL)	(CALCULATION) [=C*100/A]
2.	Other than Permanent (E)	(FILL)	(FILL)	(CALCULATION) [=B*100/A]	(FILL)	(CALCULATION) [=C*100/A]
3.	Total differently abled employees (D + E)	(CALCULATION) [=D+E]	(CALCULATION) [=D+E]	(CALCULATION) [=D+E]	(CALCULATION) [=D+E]	(CALCULATION) [=D+E]
DIFFERENTLY ABLED WORKERS						
4.	Permanent (F)	(FILL)	(FILL)	(CALCULATION) [=B*100/A]	(FILL)	(CALCULATION) [=C*100/A]

5.	Other than permanent (G)	(FILL)	(FILL)	(CALCULATION) [=B*100/A]	(FILL)	(CALCULATION) [=C*100/A]
6.	Total differently abled workers (F + G)	(CALCULATION) [=D+E]	(CALCULATION) [=D+E]	(CALCULATION) [=D+E]	(CALCULATION) [=D+E]	(CALCULATION) [=D+E]

Participation/Inclusion/Representation of women

Form MGT-7/A (OBTAINED)

The following table:

	Total (A)	No. and percentage of Females	
		No. (B)	% (B / A)
Board of Directors	(OBTAINED)	(OBTAINED)	(CALCULATION) [=B/A*100]
Key Management Personnel	(OBTAINED)	(OBTAINED)	(CALCULATION) [=B/A*100]

Turnover rate for permanent employees and workers

(Disclose trends for the past 3 years) (FILL)

The following table:

	FY (Turn			FY (Turn			FY (Turn		
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	over rate in curre nt FY)			over rate in previ ous FY)			over rate in the year prior to the previ ous FY)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Perm anent Empl oyees	(FIL L)	(FIL L)	(CAL CUL ATIO N)	(FIL L)	(FIL L)	(CAL CUL ATIO N)	(FIL L)	(FIL L)	(CAL CUL ATIO N)
Perm anent Work ers	(FIL L)	(FIL L)	(CAL CUL ATIO N)	(FIL L)	(FIL L)	(CAL CUL ATIO N)	(FIL L)	(FIL L)	(CAL CUL ATIO N)

Holding, Subsidiary and Associate Companies (including joint ventures)

(a) Names of holding / subsidiary / associate companies / joint ventures

Form MGT-7/A / Consolidated annual report (OBTAINED)

The following table:

S. No.	Name of the holding / subsidiary / associate companies / joint ventures	Indicate whether holding/ Subsidiary/ Associate/ Joint	% of shares held by listed entity	Does the entity indicated at column A, participate in the Business Responsibility
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	(A)	Venture		initiatives of the listed entity? (Yes/No)
(FILL)	(OBTAINED)	(OBTAINED)	(OBTAINED)	(FILL)

CSR Details

(i) Whether CSR is applicable as per section 135 of Companies Act, 2013: (Yes/No) =
NETWORTH \geq 500CR OR TURNOVER \geq 1000 CR OR NET PROFIT \geq 5CR
(CALCULATION)

Turnover (in Rs.)= P&L (OBTAINED)

Net worth (in Rs.) = NETWORTH BALANCE SHEET= TOTAL ASSETS- TOTAL LIABILITIES (OBTAINED)

NET PROFIT = P&L (OBTAINED)

Transparency and Disclosures Compliances

Complaints/Grievances on any of the principles (Principles 1 to 9) under the National Guidelines on Responsible Business Conduct:

INTERNAL GRIEVANCE REGISTER IF NOT THEN FILL (FILL)

The following table:

Stakeholder group from whom complaint is	Grievance Redressal Mechanism in Place	FY Current Financial Year (Yes/No)				FY Previous Financial Year		
Shareholders Employees Customers Suppliers Community Regulators Competitors Other Stakeholders	Internal External Both None	Yes No				Yes No		

received	(If Yes, then provide web-link for grievance redress policy)								
		Number of complaints filed during the year	Number of complaints pending resolution at close of the year	Remarks		Number of complaints filed during the year	Number of complaints pending resolution at close of the year	Remarks	
Communities	(FIL L)	(FIL L)	(FIL L)	(FIL L)		(FIL L)	(FIL L)	(FIL L)	
Investors (other than	(FIL L)	(FIL L)	(FIL L)	(FIL L)		(FIL L)	(FIL L)	(FIL L)	

share holde rs)								
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The following table:

Stake holde r group from who m com plaint is recei ved	Griev ance Redre ssal Mech anism in Place (Yes/ No) (If Yes, then provi de web- link for griev ance redre ss polic y)	FY Curre nt Finan cial Year				FY Previ ous Finan cial Year		
		Num ber of com plaints filed durin	Num ber of com plaints pendi ng	Rema rks		Num ber of com plaints filed durin	Num ber of com plaints pendi ng	Rema rks

		g the year	resolu tion at close of the year			g the year	resolu tion at close of the year		
Share holde rs	(FIL L)	(FIL L)	(FIL L)	(FIL L)		(FIL L)	(FIL L)	(FIL L)	
Empl oyees and work ers	(FIL L)	(FIL L)	(FIL L)	(FIL L)		(FIL L)	(FIL L)	(FIL L)	
Custo mers	(FIL L)	(FIL L)	(FIL L)	(FIL L)		(FIL L)	(FIL L)	(FIL L)	
Value Chain Partn ers	(FIL L)	(FIL L)	(FIL L)	(FIL L)		(FIL L)	(FIL L)	(FIL L)	
Other (pleas e specif y)	(FIL L)	(FIL L)	(FIL L)	(FIL L)		(FIL L)	(FIL L)	(FIL L)	

Overview of the entity's material responsible business conduct issues

Please indicate material responsible business conduct and sustainability issues pertaining to environmental and social matters that present a risk or an opportunity to your business, rationale for identifying the same, approach to adapt or mitigate the risk along-with its financial

implications, as per the following format GPC B AUDITED REPORT (OBTAINED)

The following table:

S. No.	Material issue identified	Indicate whether risk or opportunity (R/O)	Rationale for identifying the risk / opportunity	In case of risk, approach to adapt or mitigate	Financial implications of the risk or opportunity (Indicate positive or negative implications)
(FILL)	(OBTAINED)	(OBTAINED)	(OBTAINED)	(OBTAINED)	(OBTAINED)

SECTION B: MANAGEMENT AND PROCESS DISCLOSURES

This section is aimed at helping businesses demonstrate the structures, policies and processes put in place towards adopting the NGRBC Principles and Core Elements.

The following table:

Do the enlisted policies extend to your valuable chain partners? (Yes /No)	L)									
4. Name of the national and international codes/certifications/lab tests/standards	(FIL L)									

s (e.g. Fore st Stew ards hip Cou ncil, Fair rade, Rain fore st Allia nce, Trus tea) stan dard s (e.g. SA 8000 , OHS AS, ISO, BIS) adop ted by your entit y and map ped								
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to each principle.										
5. Specific commitments, goals and targets set by the entity with defined time lines, if any.		(FIL L)								
6. Performance of the entity		(FIL L)								

<p>against the specific commitments, goals and targets along-with reasons in case the same are not met.</p>										
<p>Governance, leadership and oversight</p>										

7. Statement by director responsible for the business responsibility report, highlighting ESG related challenges, targets and achievement s (listed entities)	(FIL L)								

y has flexi bilit y rega rdin g the plac eme nt of this discl osur e)									
8. Deta ils of the high est auth ority resp onsi ble for impl eme ntati on and over sight of the Busi	(FIL L)								

ness Responsi bility policy (ies).									
9. Does the entity have a specified Committee of the Board/ Director responsible for decision making on sustainability?	(FIL L)								

lity relat ed issue s? (Yes / No). If yes, prov ide detai ls.											
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The following table:

10. Details of Review of NGRBCs by the Company:

S u b j e c t f o r R e v i e w	I n d i c a t e w h e t h e r r e v i	F r e q u e n c y (A n n u a l l y /)

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11. Has the entity carried out independent assessment/ evaluation of the working of its policies by an external agency? (Yes/No). If yes, provide name of the agency.

P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9
(FILL)								

12. If answer to question (1) above is “No” i.e. not all Principles are covered by a policy, reasons to be stated:

The following table:

done in the next finan cial year (Yes/ No)									
Any other rea son (pleas e specif y)	(FIL L)								

SECTION C: PRINCIPLE WISE PERFORMANCE DISCLOSURE

This section is aimed at helping entities demonstrate their performance in integrating the Principles and Core Elements with key processes and decisions.

The information sought is categorized as “Essential” and “Leadership”. While the essential indicators are expected to be disclosed by every entity that is mandated to file this report, the leadership indicators may be voluntarily disclosed by entities which aspire to progress to a higher level in their quest to be socially, environmentally and ethically responsible.

The following table:

Segment	Total number of training and awareness programmes held	Topics / principles covered under the training and its impact	%age of persons in respective category covered by the awareness programmes
Board of Directors	(FILL)	(FILL)	(CALCULATION)

			[Persons Covered / Total Strength * 100]
Key Managerial Personnel	(FILL)	(FILL)	(CALCULATION) [Persons Covered / Total Strength * 100]
Employees other than BoD and KMPs	(FILL)	(FILL)	(CALCULATION) [Persons Covered / Total Strength * 100]
Workers	(FILL)	(FILL)	(CALCULATION) [Persons Covered / Total Strength * 100]

PRINCIPLE 1 Businesses should conduct and govern themselves with integrity, and in a manner that is Ethical, Transparent and Accountable.

Essential Indicators

1. Percentage coverage by training and awareness programmes on any of the Principles during the financial year: (CALCULATION) [Derived from table above]
2. Details of fines / penalties /punishment/ award/ compounding fees/ settlement amount paid in proceedings (by the entity or by directors / KMPs) with regulators/ law enforcement agencies/ judicial institutions, in the financial year, in the following format (Note: the entity shall make disclosures on the basis of materiality as specified in Regulation 30 of SEBI (Listing Obligations and Disclosure Obligations) Regulations, 2015 and as disclosed on the entity's website):

The following table:

	Monetary				
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	NGRBC Principle	Name of the regulatory/enforcement agencies/judicial institutions	Amount (In INR)	Brief of the Case	Has an appeal been preferred? (Yes/No)
Penalty/ Fine	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)
Settlement	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)
Compounding fee	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)

The following table:

	Non-Monetary				
	NGRBC Principle	Name of the regulatory/enforcement agencies/judicial institutions	Brief of the Case	Has an appeal been preferred? (Yes/No)	
Imprisonment	(FILL)	(FILL)	(FILL)	(FILL)	
Punishment	(FILL)	(FILL)	(FILL)	(FILL)	

3. Of the instances disclosed in Question 2 above, details of the Appeal/ Revision preferred in cases where monetary or non-monetary action has been appealed.

The following table:

Case Details	Name of the regulatory/ enforcement agencies/ judicial institutions
(FILL)	(FILL)

4. Does the entity have an anti-corruption or anti-bribery policy? If yes, provide details in brief and if available, provide a web-link to the policy.

(FILL)

5. Number of Directors/KMPs/employees/workers against whom disciplinary action was taken by any law enforcement agency for the charges of bribery/ corruption:

The following table:

	FY (Current Financial Year)	FY (Previous Financial Year)
Directors	(FILL)	(FILL)
KMPs	(FILL)	(FILL)
Employees	(FILL)	(FILL)
Workers	(FILL)	(FILL)

6. Details of complaints with regard to conflict of interest:

The following table:

	Number FY (Current)	Remarks	Number FY (Previous)	Remarks

	Financial Year)		Financial Year)	
Number of complaints received in relation to issues of Conflict of Interest of the Directors	(FILL)	(FILL)	(FILL)	(FILL)
Number of complaints received in relation to issues of Conflict of Interest of the KMPs	(FILL)	(FILL)	(FILL)	(FILL)

7. Provide details of any corrective action taken or underway on issues related to fines / penalties / action taken by regulators/ law enforcement agencies/ judicial institutions, on cases of corruption and conflicts of interest.

(FILL)

Leadership Indicators

1. Awareness programmes conducted for value chain partners on any of the Principles during the financial year:

The following table:

Total number of awareness programmes held	Topics / principles covered under the training	%age of value chain partners covered (by value of business done with such partners) under the
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		awareness programmes
(FILL)	(FILL)	(CALCULATION) [Partners Covered / Total Partners * 100]

2. Does the entity have processes in place to avoid/ manage conflict of interests involving members of the Board? (Yes/No) If Yes, provide details of the same.

(FILL)

PRINCIPLE 2 Businesses should provide goods and services in a manner that is sustainable and safe

Essential Indicators

1. Percentage of R&D and capital expenditure (capex) investments in specific technologies to improve the environmental and social impacts of product and processes to total R&D and capex investments made by the entity, respectively.

The following table:

	Current Financial Year	Previous Financial Year	Details of improvements in environmental and social impacts
R&D	(CALCULATION) [Specific R&D / Total R&D * 100]	(CALCULATION) [Specific R&D / Total R&D * 100]	(FILL)
Capex	(CALCULATION) [Specific Capex / Total Capex * 100]	(CALCULATION) [Specific Capex / Total Capex * 100]	(FILL)

2. a. Does the entity have procedures in place for sustainable sourcing? (Yes/No)

(FILL)

b. If yes, what percentage of inputs were sourced sustainably?

(CALCULATION) [Sustainably Sourced Inputs / Total Inputs * 100]

3. Describe the processes in place to safely reclaim your products for reusing, recycling and disposing at the end of life, for (a) Plastics (including packaging) (b) E-waste (c) Hazardous waste and (d) other waste.

(FILL)

4. Whether Extended Producer Responsibility (EPR) is applicable to the entity's activities (Yes / No). If yes, whether the waste collection plan is in line with the Extended Producer Responsibility (EPR) plan submitted to Pollution Control Boards? If not, provide steps taken to address the same.

(OBTAINED) [Source: EPR Authorization/Return submitted to CPCB/SPCB]

Leadership Indicators

1. Has the entity conducted Life Cycle Perspective / Assessments (LCA) for any of its products (for manufacturing industry) or for its services (for service industry)? If yes, provide details in the following format?

The following table:

NIC Code	Name of Product /Service	% of total Turnover contributed	Boundary for which the Life Cycle Perspective / Assessment was conducted	Whether conducted by independent external agency (Yes/No)	Results communicated in public domain (Yes/No)	If yes, provide the web-link.
(FILL)	(FILL)	(CALCULATION) [Product]	(FILL)	(FILL)	(FILL)	(FILL)

		Turnover / Total Turnover * 100]				
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2. If there are any significant social or environmental concerns and/or risks arising from production or disposal of your products / services, as identified in the Life Cycle Perspective / Assessments (LCA) or through any other means, briefly describe the same along-with action taken to mitigate the same.

The following table:

Name of Product / Service	Description of the risk / concern	Action Taken
(FILL)	(FILL)	(FILL)

3. Percentage of recycled or reused input material to total material (by value) used in production (for manufacturing industry) or providing services (for service industry).

The following table:

Indicate input material	Recycled or re-used input material to total material	
	FY (Current Financial Year)	FY (Previous Financial Year)
(FILL)	(CALCULATION) [Recycled Input / Total Input * 100]	(CALCULATION) [Recycled Input / Total Input * 100]

4. Of the products and packaging reclaimed at end of life of products, amount (in metric tonnes) reused, recycled, and safely disposed, as per the following format:

The following table:

	FY (Current Financial Year)			FY (Previous Financial Year)		
	Re-Used	Recycled	Safely Disposed	Re-Used	Recycled	Safely Disposed
Plastics (includin g packagin g)	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)
E-waste	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)
Hazardou s waste	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)
Other waste	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)

5. Reclaimed products and their packaging materials (as percentage of products sold) for each product category.

The following table:

Indicate product category	Reclaimed products and their packaging materials as % of total products sold in respective category
(FILL)	(CALCULATION) [Reclaimed Qty / Total Sold Qty * 100]

PRINCIPLE 3 Businesses should respect and promote the well-being of all employees, including those in their value chains

Essential Indicators

1. a. Details of measures for the well-being of employees:

The following table:

Category	% of employees covered by									
	Total (A)	Health insurance		Accident insurance		Maternity benefits		Paternity Benefits		Day Care facilities
		Number (B)	% (B / A)	Number (C)	% (C / A)	Number (D)	% (D / A)	Number (E)	% (E / A)	Number (F)
Permanent employees										
Male	(FIL L)	(FIL L)	(CALCU LAT)	(FIL L)	(CALCU LAT)	(FIL L)	(CALCU LAT)	(FIL L)	(CALCU LAT)	(FIL L)

			ION) [=B/ A*1 00]		ION) [=C/ A*1 00]		ION) [=D/ A*1 00]		ION) [=E/ A*1 00]	
Fem ale	(FIL L)	(FIL L)	(CA LCU LAT ION) [=B/ A*1 00]	(FIL L)	(CA LCU LAT ION) [=C/ A*1 00]	(FIL L)	(CA LCU LAT ION) [=D/ A*1 00]	(FIL L)	(CA LCU LAT ION) [=E/ A*1 00]	(FIL L)
Total	(FIL L)	(FIL L)	(CA LCU LAT ION) [=B/ A*1 00]	(FIL L)	(CA LCU LAT ION) [=C/ A*1 00]	(FIL L)	(CA LCU LAT ION) [=D/ A*1 00]	(FIL L)	(CA LCU LAT ION) [=E/ A*1 00]	(FIL L)
Other than Per man ent empl oyee s										
Mal	(FIL	(FIL	(CA LCU	(FIL	(CA LCU	(FIL	(CA LCU	(FIL	(CA LCU	(FIL

e	L)	L)	LAT ION) [=B/ A*1 00]	L)	LAT ION) [=C/ A*1 00]	L)	LAT ION) [=D/ A*1 00]	L)	LAT ION) [=E/ A*1 00]	L)
Female	(FIL L)	(FIL L)	(CA LCU LAT ION) [=B/ A*1 00]	(FIL L)	(CA LCU LAT ION) [=C/ A*1 00]	(FIL L)	(CA LCU LAT ION) [=D/ A*1 00]	(FIL L)	(CA LCU LAT ION) [=E/ A*1 00]	(FIL L)
Total	(FIL L)	(FIL L)	(CA LCU LAT ION) [=B/ A*1 00]	(FIL L)	(CA LCU LAT ION) [=C/ A*1 00]	(FIL L)	(CA LCU LAT ION) [=D/ A*1 00]	(FIL L)	(CA LCU LAT ION) [=E/ A*1 00]	(FIL L)

b. Details of measures for the well-being of workers:

The following table:

	Total (A)	Health insurance		Accident insurance		Maternity benefits		Paternity Benefits		Day Care facilities
		Number (B)	% (B / A)	Number (C)	% (C / A)	Number (D)	% (D / A)	Number (E)	% (E / A)	Number (F)
Permanent workers										
Male	(FIL L)	(FIL L)	(CALCU LAT ION) [=B/ A*1 00]	(FIL L)	(CALCU LAT ION) [=C/ A*1 00]	(FIL L)	(CALCU LAT ION) [=D/ A*1 00]	(FIL L)	(CALCU LAT ION) [=E/ A*1 00]	(FIL L)
Female	(FIL L)	(FIL L)	(CALCU LAT ION) [=B/ A*1 00]	(FIL L)	(CALCU LAT ION) [=C/ A*1 00]	(FIL L)	(CALCU LAT ION) [=D/ A*1 00]	(FIL L)	(CALCU LAT ION) [=E/ A*1 00]	(FIL L)
Total	(FIL	(FIL	(CA	(FIL	(CA	(FIL	(CA	(FIL	(CA	(FIL

1	L)	L)	LCU LAT ION) [=B/ A*1 00]	L)	LCU LAT ION) [=C/ A*1 00]	L)	LCU LAT ION) [=D/ A*1 00]	L)	LCU LAT ION) [=E/ A*1 00]	L)
Other than Permanent workers										
Male	(FIL L)	(FIL L)	(CA LCU LAT ION) [=B/ A*1 00]	(FIL L)	(CA LCU LAT ION) [=C/ A*1 00]	(FIL L)	(CA LCU LAT ION) [=D/ A*1 00]	(FIL L)	(CA LCU LAT ION) [=E/ A*1 00]	(FIL L)
Female	(FIL L)	(FIL L)	(CA LCU LAT ION) [=B/ A*1 00]	(FIL L)	(CA LCU LAT ION) [=C/ A*1 00]	(FIL L)	(CA LCU LAT ION) [=D/ A*1 00]	(FIL L)	(CA LCU LAT ION) [=E/ A*1 00]	(FIL L)
Total	(FIL	(FIL	(CA	(FIL	(CA	(FIL	(CA	(FIL	(CA	(FIL

1	L)	L)	LCU LAT ION) [=B/ A*1 00]	L)	LCU LAT ION) [=C/ A*1 00]	L)	LCU LAT ION) [=D/ A*1 00]	L)	LCU LAT ION) [=E/ A*1 00]	L)
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c. Spending on measures towards well-being of employees and workers (including permanent and other than permanent) in the following format –

The following table:

	FY (Current Financial Year)	FY (Previous Financial Year)
Cost incurred on well-being measures as a % of total revenue of the company	(CALCULATION) [Cost / Total Revenue * 100]	(CALCULATION) [Cost / Total Revenue * 100]

2. Details of retirement benefits, for Current FY and Previous Financial Year.

The following table:

Benefits	FY (Current Financial Year)			FY (Previous Financial Year)		
	No. of employees covered as a % of total employees	No. of workers covered as a % of total workers	Deducted and deposited with the authority (Y/N/N.A .)	No. of employees covered as a % of total employees	No. of workers covered as a % of total workers	Deducted and deposited with the authority (Y/N/N.A .)

PF	(CALCULATION)	(CALCULATION)	(OBTAI NED) [Source: EPFO/ES IC Challans]	(CALCULATION)	(CALCULATION)	(OBTAI NED) [Source: EPFO/ES IC Challans]
Gratuity	(CALCULATION)	(CALCULATION)	(FILL)	(CALCULATION)	(CALCULATION)	(FILL)
ESI	(CALCULATION)	(CALCULATION)	(OBTAI NED) [Source: EPFO/ES IC Challans]	(CALCULATION)	(CALCULATION)	(OBTAI NED) [Source: EPFO/ES IC Challans]
Others – please specify	(CALCULATION)	(CALCULATION)	(FILL)	(CALCULATION)	(CALCULATION)	(FILL)

3. Accessibility of workplaces

Are the premises / offices of the entity accessible to differently abled employees and workers, as per the requirements of the Rights of Persons with Disabilities Act, 2016?

(FILL)

If not, whether any steps are being taken by the entity in this regard.

(FILL)

4. Does the entity have an equal opportunity policy as per the Rights of Persons with Disabilities Act, 2016?

(FILL)

If so, provide a web-link to the policy.

(FILL)

5. Return to work and Retention rates of permanent employees and workers that took parental leave.

The following table:

	Permanent employees		Permanent workers	
Gender	Return to work rate	Retention rate	Return to work rate	Retention rate
Male	(CALCULATI ON)	(CALCULATI ON)	(CALCULATI ON)	(CALCULATI ON)
Female	(CALCULATI ON)	(CALCULATI ON)	(CALCULATI ON)	(CALCULATI ON)
Total	(CALCULATI ON)	(CALCULATI ON)	(CALCULATI ON)	(CALCULATI ON)

6. Is there a mechanism available to receive and redress grievances for the following categories of employees and worker?

If yes, give details of the mechanism in brief.

The following table:

	Yes/No	(If Yes, then give details of the mechanism in brief)
Permanent Workers	(FILL)	(FILL)
Other than Permanent	(FILL)	(FILL)

Workers		
Permanent Employees	(FILL)	(FILL)
Other than Permanent Employees	(FILL)	(FILL)

7. Membership of employees and worker in association(s) or Unions recognised by the listed entity:

The following table:

Category	FY (Current Financial Year)			FY (Previous Financial Year)		
Total employee s / workers in respective category (A)	No. of employee s / workers in respective category, who are part of associatio n(s) or Union (B)	% (B / A)		Total employee s / workers in respective category (C)	No. of employee s / workers in respective category, who are part of associatio n(s) or Union (D)	% (D / C)
Total Permanen t Employee	(FILL)	(FILL)	(CALCU LATION) [=B/A*10 0]	(FILL)	(FILL)	(CALCU LATION) [=D/C*10 0]

S						
- Male	(FILL)	(FILL)	(CALCULATION) [=B/A*100]	(FILL)	(FILL)	(CALCULATION) [=D/C*100]
- Female	(FILL)	(FILL)	(CALCULATION) [=B/A*100]	(FILL)	(FILL)	(CALCULATION) [=D/C*100]
Total Permanent Workers	(FILL)	(FILL)	(CALCULATION) [=B/A*100]	(FILL)	(FILL)	(CALCULATION) [=D/C*100]
- Male	(FILL)	(FILL)	(CALCULATION) [=B/A*100]	(FILL)	(FILL)	(CALCULATION) [=D/C*100]
- Female	(FILL)	(FILL)	(CALCULATION) [=B/A*100]	(FILL)	(FILL)	(CALCULATION) [=D/C*100]

8. Details of training given to employees and workers:

The following table:

Category	FY (Current Financ				FY (Previous Financ			

	ial Year)				ial Year)			
	Total (A)	On Health and safety measu res		On Skill upgrad ation		Total (D)	On Health and safety measu res	
		No. (B)	% (B / A)	No. (C)	% (C / A)		No. (E)	% (E / D)
Emplo yees								
Male	(FILL)	(FILL)	(CAL CULA TION) [=B/A *100]	(FILL)	(CAL CULA TION) [=C/A *100]	(FILL)	(FILL)	(CAL CULA TION) [=E/D *100]
Femal e	(FILL)	(FILL)	(CAL CULA TION) [=B/A *100]	(FILL)	(CAL CULA TION) [=C/A *100]	(FILL)	(FILL)	(CAL CULA TION) [=E/D *100]
Total	(FILL)	(FILL)	(CAL CULA TION) [=B/A *100]	(FILL)	(CAL CULA TION) [=C/A *100]	(FILL)	(FILL)	(CAL CULA TION) [=E/D *100]

Workers								
Male	(FILL)	(FILL)	(CAL CULATION) [=B/A *100]	(FILL)	(CAL CULATION) [=C/A *100]	(FILL)	(FILL)	(CAL CULATION) [=E/D *100]
Female	(FILL)	(FILL)	(CAL CULATION) [=B/A *100]	(FILL)	(CAL CULATION) [=C/A *100]	(FILL)	(FILL)	(CAL CULATION) [=E/D *100]
Total	(FILL)	(FILL)	(CAL CULATION) [=B/A *100]	(FILL)	(CAL CULATION) [=C/A *100]	(FILL)	(FILL)	(CAL CULATION) [=E/D *100]

9. Details of performance and career development reviews of employees and worker:

The following table:

Category	FY (Current Financial Year)			FY (Previous Financial Year)		
	Total (A)	No. (B)	% (B / A)	Total (C)	No. (D)	% (D / C)
Employees						

Male	(FILL)	(FILL)	(CALCULATION) [=B/A*100]	(FILL)	(FILL)	(CALCULATION) [=D/C*100]
Female	(FILL)	(FILL)	(CALCULATION) [=B/A*100]	(FILL)	(FILL)	(CALCULATION) [=D/C*100]
Total	(FILL)	(FILL)	(CALCULATION) [=B/A*100]	(FILL)	(FILL)	(CALCULATION) [=D/C*100]
Workers						
Male	(FILL)	(FILL)	(CALCULATION) [=B/A*100]	(FILL)	(FILL)	(CALCULATION) [=D/C*100]
Female	(FILL)	(FILL)	(CALCULATION) [=B/A*100]	(FILL)	(FILL)	(CALCULATION) [=D/C*100]
Total	(FILL)	(FILL)	(CALCULATION) [=B/A*100]	(FILL)	(FILL)	(CALCULATION) [=D/C*100]

10. Health and safety management system:

- a. Whether an occupational health and safety management system has been implemented by the entity? (Yes/ No).

(FILL)

b. If yes, the coverage such system?

(FILL)

c. What are the processes used to identify work-related hazards and assess risks on a routine and non-routine basis by the entity?

(FILL)

d. Whether you have processes for workers to report the work related hazards and to remove themselves from such risks. (Y/N)

(FILL)

e. Do the employees/ worker of the entity have access to non-occupational medical and healthcare services? (Yes/ No)

(FILL)

11. Details of safety related incidents, in the following format:

The following table:

Safety Incident/Number	Category*	FY (Current Financial Year)	FY (Previous Financial Year)
Lost Time Injury Frequency Rate (LTIFR) (per one million-person hours worked)	Employees	(CALCULATION)	(CALCULATION)
	Workers	(CALCULATION)	(CALCULATION)
Total recordable work-related injuries	Employees	(OBTAINED) [Source: Register of Accidents/Form 31]	(OBTAINED) [Source: Register of Accidents/Form 31]

		(Factories Act)]	(Factories Act)]
	Workers	(OBTAINED) [Source: Register of Accidents/Form 31 (Factories Act)]	(OBTAINED) [Source: Register of Accidents/Form 31 (Factories Act)]
No. of fatalities	Employees	(OBTAINED) [Source: Register of Accidents/Form 31 (Factories Act)]	(OBTAINED) [Source: Register of Accidents/Form 31 (Factories Act)]
	Workers	(OBTAINED) [Source: Register of Accidents/Form 31 (Factories Act)]	(OBTAINED) [Source: Register of Accidents/Form 31 (Factories Act)]
High consequence work-related injury or ill-health (excluding fatalities)	Employees	(OBTAINED) [Source: Register of Accidents/Form 31 (Factories Act)]	(OBTAINED) [Source: Register of Accidents/Form 31 (Factories Act)]
	Workers	(OBTAINED) [Source: Register of Accidents/Form 31 (Factories Act)]	(OBTAINED) [Source: Register of Accidents/Form 31 (Factories Act)]

*Including in the contract workforce

12. Describe the measures taken by the entity to ensure a safe and healthy work place.

(FILL)

13. Number of Complaints on the following made by employees and workers:

The following table:

	FY (Current Financial Year)			FY (Previous Financial Year)		
	Filed during the year	Pending resolution at the end of year	Remarks	Filed during the year	Pending resolution at the end of year	Remarks
Working Condition s	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)
Health & Safety	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)

14. Assessments for the year:

The following table:

	% of your plants and offices that were assessed (by entity or statutory authorities or third parties)
Health and safety practices	(CALCULATION) [Assessed sites / Total sites * 100]
Working Conditions	(CALCULATION) [Assessed sites / Total sites * 100]

15. Provide details of any corrective action taken or underway to address safety-related incidents (if any) and on significant risks / concerns arising from assessments of health & safety practices and working conditions.

(FILL)

Leadership Indicators

1. Does the entity extend any life insurance or any compensatory package in the event of death of
(A) Employees (Y/N) (B) Workers (Y/N).

(FILL)

2. Provide the measures undertaken by the entity to ensure that statutory dues have been deducted and deposited by the value chain partners.

(FILL)

3. Provide the number of employees / workers having suffered high consequence work- related injury / ill-health / fatalities (as reported in Q11 of Essential Indicators above), who have been are rehabilitated and placed in suitable employment or whose family members have been placed in suitable employment:

The following table:

	Total no. of affected employees/ workers		No. of employees/wor kers that are rehabilitated and placed in suitable employment or whose family members have been placed in suitable employment	
	FY (Current Financial Year)	FY (Previous Financial Year)	FY (Current Financial Year)	FY (Previous Financial Year)
Employees	(FILL)	(FILL)	(FILL)	(FILL)
Workers	(FILL)	(FILL)	(FILL)	(FILL)

4. Does the entity provide transition assistance programs to facilitate continued employability and the management of career endings resulting from retirement or termination of employment? (Yes/ No)

(FILL)

5. Details on assessment of value chain partners:

The following table:

	% of value chain partners (by value of business done with such partners) that were assessed
Health and safety practices	(CALCULATION) [Assessed Partners / Total Partners * 100]
Working Conditions	(CALCULATION) [Assessed Partners / Total Partners * 100]

6. Provide details of any corrective actions taken or underway to address significant risks / concerns arising from assessments of health and safety practices and working conditions of value chain partners.

(FILL)

PRINCIPLE 4: Businesses should respect the interests of and be responsive to all its stakeholders

Essential Indicators

1. Describe the processes for identifying key stakeholder groups of the entity.

(FILL)

2. List stakeholder groups identified as key for your entity and the frequency of engagement with each stakeholder group.

The following table:

S. No.	Stakeholder Group	Whether identified as Vulnerable & Marginalized Group (Yes/No)	Channels of communication (Email, SMS, Newspaper, Pamphlets, Advertisement, Community Meetings, Notice Board, Website), Other	Frequency of engagement (Annually/ Half yearly/ Quarterly / others – please specify)	Purpose and scope of engagement including key topics and concerns raised during such engagement
(FILL)	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)

Leadership Indicators

1. Provide the processes for consultation between stakeholders and the Board on economic, environmental, and social topics or if consultation is delegated, how is feedback from such consultations provided to the Board.

(FILL)

2. Whether stakeholder consultation is used to support the identification and management of environmental, and social topics (Yes / No). If so, provide details of instances as to how the inputs received from stakeholders on these topics were incorporated into policies and activities of the entity.

(FILL)

3. Provide details of instances of engagement with, and actions taken to, address the concerns of vulnerable/ marginalized stakeholder groups.

(FILL)

PRINCIPLE 5 Businesses should respect and promote human rights

Essential Indicators

1. Employees and workers who have been provided training on human rights issues and policy(ies) of the entity, in the following format:

The following table:

Category	FY (Current Financial Year)			FY (Previous Financial Year)		
	Total (A)	No. of employee s / workers covered (B)	% (B / A)	Total (C)	No. of employee s / workers covered (D)	% (D / C)
Employees						
Permanent	(FILL)	(FILL)	(CALCULATION) [=B/A*100]	(FILL)	(FILL)	(CALCULATION) [=D/C*100]
Other than permanent	(FILL)	(FILL)	(CALCULATION) [=B/A*100]	(FILL)	(FILL)	(CALCULATION) [=D/C*100]
Total Employees	(FILL)	(FILL)	(CALCULATION) [=B/A*100]	(FILL)	(FILL)	(CALCULATION) [=D/C*100]

			0]			0]
Workers						
Permanent	(FILL)	(FILL)	(CALCULATION) [=B/A*100]	(FILL)	(FILL)	(CALCULATION) [=D/C*100]
Other than permanent	(FILL)	(FILL)	(CALCULATION) [=B/A*100]	(FILL)	(FILL)	(CALCULATION) [=D/C*100]
Total Workers	(FILL)	(FILL)	(CALCULATION) [=B/A*100]	(FILL)	(FILL)	(CALCULATION) [=D/C*100]

2. Details of minimum wages paid to employees and workers, in the following format:

The following table:

Category	FY (Current Financial Year)					FY (Previous Financial Year)				
	Total (A)	Equal to Mini		More than		Total (D)	Equal to Mini		More than	

		mu m Wag e		Mini mu m Wag e			mu m Wag e		Mini mu m Wag e	
		No. (B) / A)	% (B / A)	No. (C)	% (C / A)		No. (E)	% (E / D)	No. (F)	% (F / D)
Emp loye es										
Per man ent	(FIL L)	(OB TAI NE D) [Sou rce: [=B/ Wag e Regi ster/ Lab our Retu rns]]	(CA LCU LAT ION [Sou rce: [=B/ A*1 00] Regi ster/ Lab our Retu rns]]	(OB TAI NE D) [Sou rce: [=C/ Wag e Regi ster/ Lab our Retu rns]]	(CA LCU LAT ION [Sou rce: [=C/ A*1 00] Regi ster/ Lab our Retu rns]]	(FIL L)	(OB TAI NE D) [Sou rce: [=E/ Wag e Regi ster/ Lab our Retu rns]]	(CA LCU LAT ION [Sou rce: [=E/ D*1 00] Regi ster/ Lab our Retu rns]]	(OB TAI NE D) [Sou rce: [=F/ Wag e Regi ster/ Lab our Retu rns]]	(CA LCU LAT ION [Sou rce: [=F/ D*1 00] Regi ster/ Lab our Retu rns]]
Mal e	(FIL L)	(OB TAI NE D) [Sou rce: [=B/ Wag e Regi ster/ Lab our Retu rns]]	(CA LCU LAT ION [Sou rce: [=B/ A*1 e Regi ster/ Lab our Retu rns]]	(OB TAI NE D) [Sou rce: [=C/ Wag e Regi ster/ Lab our Retu rns]]	(CA LCU LAT ION [Sou rce: [=C/ A*1 e Regi ster/ Lab our Retu rns]]	(FIL L)	(OB TAI NE D) [Sou rce: [=E/ Wag e Regi ster/ Lab our Retu rns]]	(CA LCU LAT ION [Sou rce: [=E/ D*1 e Regi ster/ Lab our Retu rns]]	(OB TAI NE D) [Sou rce: [=F/ Wag e Regi ster/ Lab our Retu rns]]	(CA LCU LAT ION [Sou rce: [=F/ D*1 e Regi ster/ Lab our Retu rns]]

		Regi ster/ Lab our Retu rns]	00]	Regi ster/ Lab our Retu rns]	00]		Regi ster/ Lab our Retu rns]	00]	Regi ster/ Lab our Retu rns]	00]	
Female	(FIL L)	(OB TAI NE D) [Sou rce: rce: Wag e Regi ster/ Lab our Retu rns]	(CA LCU LAT ION) [=B/ A*1 e 00] Regi ster/ Lab our Retu rns]	(OB TAI NE D) [Sou rce: rce: Wag e Regi ster/ Lab our Retu rns]	(CA LCU LAT ION) [=C/ A*1 e 00] Regi ster/ Lab our Retu rns]	(FIL L)	(OB TAI NE D) [Sou rce: rce: Wag e Regi ster/ Lab our Retu rns]	(CA LCU LAT ION) [=E/ D*1 00] Regi ster/ Lab our Retu rns]	(OB TAI NE D) [Sou rce: rce: Wag e Regi ster/ Lab our Retu rns]	(CA LCU LAT ION) [=F/ D*1 00] Regi ster/ Lab our Retu rns]	
Other than Per man ent	(FIL L)	(OB TAI NE D) [Sou rce: rce: Wag e Regi ster/ Lab our Retu rns]	(CA LCU LAT ION) [=B/ A*1 e 00] Regi ster/ Lab our Retu rns]	(OB TAI NE D) [Sou rce: rce: Wag e Regi ster/ Lab our Retu rns]	(CA LCU LAT ION) [=C/ A*1 e 00] Regi ster/ Lab our Retu rns]	(FIL L)	(OB TAI NE D) [Sou rce: rce: Wag e Regi ster/ Lab our Retu rns]	(OB TAI NE D) [Sou rce: rce: Wag e Regi ster/ Lab our Retu rns]	(CA LCU LAT ION) [=E/ D*1 00] Regi ster/ Lab our Retu rns]	(OB TAI NE D) [Sou rce: rce: Wag e Regi ster/ Lab our Retu rns]	(CA LCU LAT ION) [=F/ D*1 00] Regi ster/ Lab our Retu rns]

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Other than Per man ent	(FIL L)	(OB TAI NE D) [Sou rce: Wag e Regi ster/ Lab our Retu rns]	(CA LCU LAT ION) [Sou rce: A*1 00] Regi ster/ Lab our Retu rns]	(OB TAI NE D) [Sou rce: A*1 00] Regi ster/ Lab our Retu rns]	(CA LCU LAT ION) [Sou rce: A*1 00] Regi ster/ Lab our Retu rns]	(FIL L)	(OB TAI NE D) [Sou rce: A*1 00] Regi ster/ Lab our Retu rns]	(CA LCU LAT ION) [Sou rce: A*1 00] Regi ster/ Lab our Retu rns]	(OB TAI NE D) [Sou rce: A*1 00] Regi ster/ Lab our Retu rns]	(CA LCU LAT ION) [Sou rce: A*1 00] Regi ster/ Lab our Retu rns]
Mal e	(FIL L)	(OB TAI NE D) [Sou rce: Wag e Regi ster/ Lab our Retu	(CA LCU LAT ION) [Sou rce: A*1 00] Regi ster/ Lab our Retu	(OB TAI NE D) [Sou rce: A*1 00] Regi ster/ Lab our Retu	(CA LCU LAT ION) [Sou rce: A*1 00] Regi ster/ Lab our Retu	(FIL L)	(OB TAI NE D) [Sou rce: A*1 00] Regi ster/ Lab our Retu	(CA LCU LAT ION) [Sou rce: A*1 00] Regi ster/ Lab our Retu	(OB TAI NE D) [Sou rce: A*1 00] Regi ster/ Lab our Retu	(CA LCU LAT ION) [Sou rce: A*1 00] Regi ster/ Lab our Retu

		rns]		rns]			rns]		rns]	
Fem ale	(FIL L)	(OB TAI NE D) [Sou rce: Wag e Regi ster/ Lab our Retu rns]	(CA LCU LAT ION) [=B/ A*1 00] Regi ster/ Lab our Retu rns]	(OB TAI NE D) [Sou rce: Wag e Regi ster/ Lab our Retu rns]	(CA LCU LAT ION) [=C/ A*1 00] Regi ster/ Lab our Retu rns]	(FIL L)	(OB TAI NE D) [Sou rce: Wag e Regi ster/ Lab our Retu rns]	(CA LCU LAT ION) [=E/ D*1 00] Regi ster/ Lab our Retu rns]	(OB TAI NE D) [Sou rce: Wag e Regi ster/ Lab our Retu rns]	(CA LCU LAT ION) [=F/ D*1 00] Regi ster/ Lab our Retu rns]

3. Details of remuneration/salary/wages, Median remuneration / wages:

The following table:

	Male		Female	
	Number	Median remuneration/ salary/ wages of respective category	Number	Median remuneration/ salary/ wages of respective category
Board of Directors (BoD)	(FILL)	(FILL)	(FILL)	(FILL)
Key Managerial	(FILL)	(FILL)	(FILL)	(FILL)

Personnel				
Employees other than BoD and KMP	(FILL)	(FILL)	(FILL)	(FILL)
Workers	(FILL)	(FILL)	(FILL)	(FILL)

4. Do you have a focal point (Individual/ Committee) responsible for addressing human rights impacts or issues caused or contributed to by the business? (Yes/No)

(FILL)

5. Describe the internal mechanisms in place to redress grievances related to human rights issues.

(FILL)

6. Number of Complaints on the following made by employees and workers:

The following table:

	FY (Current Financial Year)			FY (Previous Financial Year)		
	Filed during the year	Pending resolution at the end of year	Remarks	Filed during the year	Pending resolution at the end of year	Remarks

Sexual Harassment	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)
Discrimination at workplace	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)
Child Labour	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)
Forced Labour/In voluntary Labour	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)
Wages	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)
Other human rights related issues	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)

7. Mechanisms to prevent adverse consequences to the complainant in discrimination and harassment cases.

(FILL)

8. Do human rights requirements form part of your business agreements and contracts? (Yes/No)

(FILL)

9. Assessments for the year:

The following table:

	% of your plants and offices that were assessed (by entity or statutory authorities or third parties)
Child labour	(CALCULATION)
Forced/involuntary labour	(CALCULATION)
Sexual harassment	(CALCULATION)
Discrimination at workplace	(CALCULATION)
Wages	(CALCULATION)
Others – please specify	(CALCULATION)

10. Provide details of any corrective actions taken or underway to address significant risks / concerns arising from the assessments at Question 9 above.

(FILL)

Leadership Indicators

1. Details of a business process being modified / introduced as a result of addressing human rights grievances/complaints.

(FILL)

2. Details of the scope and coverage of any Human rights due-diligence conducted.

(FILL)

3. Is the premise/office of the entity accessible to differently abled visitors, as per the requirements of the Rights of Persons with Disabilities Act, 2016?

(FILL)

4. Details on assessment of value chain partners:

The following table:

	% of value chain partners (by value of business done with such partners) that were assessed
Sexual Harassment	(CALCULATION)
Discrimination at workplace	(CALCULATION)
Child Labour	(CALCULATION)
Forced Labour/Involuntary Labour	(CALCULATION)
Wages	(CALCULATION)
Others – please specify	(CALCULATION)

5. Provide details of any corrective actions taken or underway to address significant risks / concerns arising from the assessments at Question 4 above.

(FILL)

PRINCIPLE 6: Businesses should respect and make efforts to protect and restore the environment

Essential Indicators

1. Details of total energy consumption (in Joules or multiples) and energy intensity, in the following format:

The following table:

Parameter	FY (Current Financial Year)	FY (Previous Financial Year)

From renewable sources		
Total electricity consumption (A)	(OBTAINED) [Source: Electricity Bills / Form V (SPCB)]	(OBTAINED) [Source: Electricity Bills / Form V (SPCB)]
Total fuel consumption (B)	(OBTAINED) [Source: Fuel Bills / Form V (SPCB)]	(OBTAINED) [Source: Fuel Bills / Form V (SPCB)]
Energy consumption through other sources (C)	(OBTAINED) [Source: Form V (SPCB)]	(OBTAINED) [Source: Form V (SPCB)]
Total energy consumed from renewable sources (A+B+C)	(CALCULATION) [A+B+C]	(CALCULATION) [A+B+C]
From non-renewable sources		
Total electricity consumption (D)	(OBTAINED) [Source: Electricity Bills / Form V (SPCB)]	(OBTAINED) [Source: Electricity Bills / Form V (SPCB)]
Total fuel consumption (E)	(OBTAINED) [Source: Fuel Bills / Form V (SPCB)]	(OBTAINED) [Source: Fuel Bills / Form V (SPCB)]
Energy consumption through other sources (F)	(OBTAINED) [Source: Form V (SPCB)]	(OBTAINED) [Source: Form V (SPCB)]
Total energy consumed from non-renewable sources (D+E+F)	(CALCULATION) [D+E+F]	(CALCULATION) [D+E+F]
Total energy consumed	(CALCULATION) [Sum of	(CALCULATION) [Sum of

(A+B+C+D+E+F)	all above]	all above]
Energy intensity per rupee of turnover (Total energy consumed / Revenue from operations)	(CALCULATION) [Total Energy / Turnover]	(CALCULATION) [Total Energy / Turnover]
Energy intensity per rupee of turnover adjusted for Purchasing Power Parity (PPP) (Total energy consumed / Revenue from operations adjusted for PPP)	(CALCULATION) [Total Energy / PPP Turnover]	(CALCULATION) [Total Energy / PPP Turnover]
Energy intensity in terms of physical output	(CALCULATION) [Total Energy / Physical Output]	(CALCULATION) [Total Energy / Physical Output]
Energy intensity (optional) – the relevant metric may be selected by the entity	(CALCULATION)	(CALCULATION)

Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency.

(FILL)

2. Does the entity have any sites / facilities identified as designated consumers (DCs) under the Performance, Achieve and Trade (PAT) Scheme of the Government of India? (Y/N) If yes, disclose whether targets set under the PAT scheme have been achieved. In case targets have not been achieved, provide the remedial action taken, if any.

(FILL)

3. Provide details of the following disclosures related to water, in the following format:

The following table:

Parameter	FY (Current Financial Year)	FY (Previous Financial Year)
Water withdrawal by source (in kilolitres)		
(i) Surface water	(OBTAINED) [Source: Water Cess Returns / Form V (Part B) to SPCB]	(OBTAINED) [Source: Water Cess Returns / Form V (Part B) to SPCB]
(ii) Groundwater	(OBTAINED) [Source: Water Cess Returns / Form V (Part B) to SPCB]	(OBTAINED) [Source: Water Cess Returns / Form V (Part B) to SPCB]
(iii) Third party water	(OBTAINED) [Source: Water Cess Returns / Form V (Part B) to SPCB]	(OBTAINED) [Source: Water Cess Returns / Form V (Part B) to SPCB]
(iv) Seawater / desalinated water	(OBTAINED) [Source: Water Cess Returns / Form V (Part B) to SPCB]	(OBTAINED) [Source: Water Cess Returns / Form V (Part B) to SPCB]
(v) Others	(OBTAINED) [Source: Water Cess Returns / Form V (Part B) to SPCB]	(OBTAINED) [Source: Water Cess Returns / Form V (Part B) to SPCB]
Total volume of water withdrawal (in kilolitres) (i + ii + iii + iv + v)	(CALCULATION) [Sum of i to v]	(CALCULATION) [Sum of i to v]
Total volume of water consumption (in kilolitres)	(OBTAINED) [Source: Water Cess Returns / Form V (Part B) to SPCB]	(OBTAINED) [Source: Water Cess Returns / Form V (Part B) to SPCB]

Water intensity per rupee of turnover (Total water consumption / Revenue from operations)	(CALCULATION) [Water Consumption / Turnover]	(CALCULATION) [Water Consumption / Turnover]
Water intensity per rupee of turnover adjusted for Purchasing Power Parity (PPP) (Total water consumption / Revenue from operations adjusted for PPP)	(CALCULATION) [Water Consumption / PPP Turnover]	(CALCULATION) [Water Consumption / PPP Turnover]
Water intensity in terms of physical output	(CALCULATION) [Water Consumption / Physical Output]	(CALCULATION) [Water Consumption / Physical Output]
Water intensity (optional) – the relevant metric may be selected by the entity	(CALCULATION)	(CALCULATION)

Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency.

(FILL)

4. Provide the following details related to water discharged:

The following table:

Parameter	FY (Current Financial Year)	FY (Previous Financial Year)
Water discharge by destination and level of treatment (in kilolitres)		

(i) To Surface water		
- No treatment	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]
- With treatment – please specify level of treatment	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]
(ii) To Groundwater		
- No treatment	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]
- With treatment – please specify level of treatment	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]
(iii) To Seawater		
- No treatment	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]
- With treatment – please specify level of treatment	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]
(iv) Sent to third-parties		

- No treatment	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]
- With treatment – please specify level of treatment	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]
(v) Others		
- No treatment	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]
- With treatment – please specify level of treatment	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]
Total water discharged (in kilolitres)	(CALCULATION) [Sum of all discharge]	(CALCULATION) [Sum of all discharge]

Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency.

(FILL)

5. Has the entity implemented a mechanism for Zero Liquid Discharge? If yes, provide details of its coverage and implementation.

(FILL)

6. Please provide details of air emissions (other than GHG emissions) by the entity, in the following format:

The following table:

Parameter	Please specify unit	FY (Current Financial Year)	FY (Previous Financial Year)
NOx	(OBTAINED) [Source: Stack Monitoring Reports / Form V (Part E)]	(OBTAINED) [Source: Stack Monitoring Reports / Form V (Part E)]	(OBTAINED) [Source: Stack Monitoring Reports / Form V (Part E)]
SOx	(OBTAINED) [Source: Stack Monitoring Reports / Form V (Part E)]	(OBTAINED) [Source: Stack Monitoring Reports / Form V (Part E)]	(OBTAINED) [Source: Stack Monitoring Reports / Form V (Part E)]
Particulate matter (PM)	(OBTAINED) [Source: Stack Monitoring Reports / Form V (Part E)]	(OBTAINED) [Source: Stack Monitoring Reports / Form V (Part E)]	(OBTAINED) [Source: Stack Monitoring Reports / Form V (Part E)]
Persistent organic pollutants (POP)	(OBTAINED) [Source: Stack Monitoring Reports / Form V (Part E)]	(OBTAINED) [Source: Stack Monitoring Reports / Form V (Part E)]	(OBTAINED) [Source: Stack Monitoring Reports / Form V (Part E)]
Volatile organic compounds (VOC)	(OBTAINED) [Source: Stack Monitoring Reports / Form V (Part E)]	(OBTAINED) [Source: Stack Monitoring Reports / Form V (Part E)]	(OBTAINED) [Source: Stack Monitoring Reports / Form V (Part E)]
Hazardous air pollutants (HAP)	(OBTAINED) [Source: Stack Monitoring Reports / Form V (Part E)]	(OBTAINED) [Source: Stack Monitoring Reports / Form V (Part E)]	(OBTAINED) [Source: Stack Monitoring Reports / Form V (Part E)]
Others – please	(OBTAINED)	(OBTAINED)	(OBTAINED)

specify	[Source: Stack Monitoring Reports / Form V (Part E)]	[Source: Stack Monitoring Reports / Form V (Part E)]	[Source: Stack Monitoring Reports / Form V (Part E)]
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Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency.

(FILL)

7. Provide details of greenhouse gas emissions (Scope 1 and Scope 2 emissions) & its intensity, in the following format:

The following table:

Parameter	Unit	FY (Current Financial Year)	FY (Previous Financial Year)
Total Scope 1 emissions (Break-up of the GHG into CO2, CH4, N2O, HFCs, PFCs, SF6, NF3, if available)	Metric tonnes of CO2 equivalent	(FILL)	(FILL)
Total Scope 2 emissions (Break-up of the GHG into CO2, CH4, N2O, HFCs, PFCs, SF6, NF3, if available)	Metric tonnes of CO2 equivalent	(FILL)	(FILL)
Total Scope 1 and Scope 2 emission intensity per rupee of turnover (Total Scope 1 and Scope 2 GHG emissions /		(CALCULATION) [Total Emissions / Turnover]	(CALCULATION) [Total Emissions / Turnover]

Revenue from operations)			
Total Scope 1 and Scope 2 emission intensity per rupee of turnover adjusted for Purchasing Power Parity (PPP) (Total Scope 1 and Scope 2 GHG emissions / Revenue from operations adjusted for PPP)		(CALCULATION) [Total Emissions / PPP Turnover]	(CALCULATION) [Total Emissions / PPP Turnover]
Total Scope 1 and Scope 2 emission intensity in terms of physical output		(CALCULATION) [Total Emissions / Physical Output]	(CALCULATION) [Total Emissions / Physical Output]
Total Scope 1 and Scope 2 emission intensity (optional) – the relevant metric may be selected by the entity		(CALCULATION)	(CALCULATION)

Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency.

(FILL)

8. Does the entity have any project related to reducing Green House Gas emission? If Yes, then provide details.

(FILL)

9. Provide details related to waste management by the entity, in the following format:

The following table:

Parameter	FY (Current Financial Year)	FY (Previous Financial Year)
Total Waste generated (in metric tonnes)		
Plastic waste (A)	(OBTAINED) [Source: Annual Returns to SPCB (Plastic Waste)]	(OBTAINED) [Source: Annual Returns to SPCB (Plastic Waste)]
E-waste (B)	(OBTAINED) [Source: Annual Returns (Form 3) to SPCB]	(OBTAINED) [Source: Annual Returns (Form 3) to SPCB]
Bio-medical waste (C)	(OBTAINED) [Source: Annual Returns to SPCB (Bio-Medical)]	(OBTAINED) [Source: Annual Returns to SPCB (Bio-Medical)]
Construction and demolition waste (D)	(OBTAINED) [Source: Waste Mgmt Records]	(OBTAINED) [Source: Waste Mgmt Records]
Battery waste (E)	(OBTAINED) [Source: Annual Returns to SPCB (Batteries)]	(OBTAINED) [Source: Annual Returns to SPCB (Batteries)]
Radioactive waste (F)	(OBTAINED) [Source: Waste Mgmt Records]	(OBTAINED) [Source: Waste Mgmt Records]
Other Hazardous waste. Please specify, if any. (G)	(OBTAINED) [Source: Annual Returns (Form 4) to SPCB]	(OBTAINED) [Source: Annual Returns (Form 4) to SPCB]

Other Non-hazardous waste generated (H). Please specify, if any. (Break-up by composition i.e. by materials relevant to the sector)	(OBTAINED) [Source: Waste Mgmt Records / Form V (Part F)]	(OBTAINED) [Source: Waste Mgmt Records / Form V (Part F)]
Total (A+B + C + D + E + F + G + H)	(CALCULATION) [Sum of A to H]	(CALCULATION) [Sum of A to H]
Waste intensity per rupee of turnover (Total waste generated / Revenue from operations)	(CALCULATION) [Total Waste / Turnover]	(CALCULATION) [Total Waste / Turnover]
Waste intensity per rupee of turnover adjusted for Purchasing Power Parity (PPP) (Total waste generated / Revenue from operations adjusted for PPP)	(CALCULATION) [Total Waste / PPP Turnover]	(CALCULATION) [Total Waste / PPP Turnover]
Waste intensity in terms of physical output	(CALCULATION) [Total Waste / Physical Output]	(CALCULATION) [Total Waste / Physical Output]
Waste intensity (optional) – the relevant metric may be selected by the entity	(CALCULATION)	(CALCULATION)
For each category of waste generated, total waste recovered through recycling, re-using or other recovery operations (in metric tonnes)		

Category of waste		
(i) Recycled	(OBTAINED) [Source: Waste Manifests/Returns to SPCB]	(OBTAINED) [Source: Waste Manifests/Returns to SPCB]
(ii) Re-used	(OBTAINED) [Source: Waste Manifests/Returns to SPCB]	(OBTAINED) [Source: Waste Manifests/Returns to SPCB]
(iii) Other recovery operations	(OBTAINED) [Source: Waste Manifests/Returns to SPCB]	(OBTAINED) [Source: Waste Manifests/Returns to SPCB]
Total	(CALCULATION) [Sum of i to iii]	(CALCULATION) [Sum of i to iii]
For each category of waste generated, total waste disposed by nature of disposal method (in metric tonnes)		
Category of waste		
(i) Incineration	(OBTAINED) [Source: Waste Manifests/Returns to SPCB]	(OBTAINED) [Source: Waste Manifests/Returns to SPCB]
(ii) Landfilling	(OBTAINED) [Source: Waste Manifests/Returns to SPCB]	(OBTAINED) [Source: Waste Manifests/Returns to SPCB]

(iii) Other disposal operations	(OBTAINED) [Source: Waste Manifests/Returns to SPCB]	(OBTAINED) [Source: Waste Manifests/Returns to SPCB]
Total	(CALCULATION) [Sum of i to iii]	(CALCULATION) [Sum of i to iii]

Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency.

(FILL)

10. Briefly describe the waste management practices adopted in your establishments.

(FILL)

11. Describe the strategy adopted by your company to reduce usage of hazardous and toxic chemicals in your products and processes and the practices adopted to manage such wastes.

(FILL)

12. If the entity has operations/offices in/around ecologically sensitive areas (such as national parks, wildlife sanctuaries, biosphere reserves, wetlands, biodiversity hotspots, forests, coastal regulation zones etc.) where environmental approvals / clearances are required, please specify details in the following format:

The following table:

S. No.	Location of operations/offices	Type of operations	Whether the conditions of environmental approval / clearance are being complied with? (Y/N) If no, the reasons thereof and corrective action taken, if any.

(FILL)	(FILL)	(FILL)	(FILL)
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13. Details of environmental impact assessments of projects undertaken by the entity based on applicable laws, in the current financial year:

The following table:

Name and brief details of project	EIA Notification No.	Date	Whether conducted by independent external agency (Yes / No)	Results communicated in public domain (Yes / No)	Relevant Web link
(FILL)	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)

14. Is the entity compliant with the applicable environmental law/ regulations/ guidelines in India; such as the Water (Prevention and Control of Pollution) Act, Air (Prevention and Control of Pollution) Act, Environment protection act and rules thereunder (Y/N). If not, provide details of all such non-compliances, in the following format:

The following table:

S. No.	Specify the law / regulation / guidelines which was not complied with	Provide details of the non-compliance	Any fines / penalties / action taken by regulatory agencies such as pollution control boards or by courts	Corrective action taken, if any
(FILL)	(OBTAINED) [Source: SPCB Notices / Legal]	(OBTAINED) [Source: SPCB Notices / Legal]	(OBTAINED) [Source: SPCB Notices / Legal]	(FILL)

	Register]	Register]	Register]	
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Leadership Indicators

1. Water withdrawal, consumption and discharge in areas of water stress (in kilolitres): For each facility / plant located in areas of water stress, provide the following information: Name of the area, Nature of operations, Water withdrawal, consumption and discharge in the following format:

The following table:

Parameter	FY (Current Financial Year)	FY (Previous Financial Year)
Water withdrawal by source (in kilolitres)		
(i) Surface water	(OBTAINED) [Source: Water Cess Returns / Form V (Part B) to SPCB]	(OBTAINED) [Source: Water Cess Returns / Form V (Part B) to SPCB]
(ii) Groundwater	(OBTAINED) [Source: Water Cess Returns / Form V (Part B) to SPCB]	(OBTAINED) [Source: Water Cess Returns / Form V (Part B) to SPCB]
(iii) Third party water	(OBTAINED) [Source: Water Cess Returns / Form V (Part B) to SPCB]	(OBTAINED) [Source: Water Cess Returns / Form V (Part B) to SPCB]
(iv) Seawater / desalinated water	(OBTAINED) [Source: Water Cess Returns / Form V (Part B) to SPCB]	(OBTAINED) [Source: Water Cess Returns / Form V (Part B) to SPCB]
(v) Others	(OBTAINED) [Source: Water Cess Returns / Form	(OBTAINED) [Source: Water Cess Returns / Form

	V (Part B) to SPCB]	V (Part B) to SPCB]
Total volume of water withdrawal (in kilolitres)	(CALCULATION)	(CALCULATION)
Total volume of water consumption (in kilolitres)	(OBTAINED) [Source: Water Cess Returns / Form V (Part B) to SPCB]	(OBTAINED) [Source: Water Cess Returns / Form V (Part B) to SPCB]
Water intensity per rupee of turnover (Water consumed / turnover)	(CALCULATION)	(CALCULATION)
Water intensity (optional) – the relevant metric may be selected by the entity	(CALCULATION)	(CALCULATION)
Water discharge by destination and level of treatment (in kilolitres)		
(i) Into Surface water		
- No treatment	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]
- With treatment – please specify level of treatment	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]
(ii) Into Groundwater		

- No treatment	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]
- With treatment – please specify level of treatment	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]
(iii) Into Seawater		
- No treatment	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]
- With treatment – please specify level of treatment	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]
(iv) Sent to third-parties		
- No treatment	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]
- With treatment – please specify level of treatment	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]
(v) Others		
- No treatment	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]

- With treatment – please specify level of treatment	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]	(OBTAINED) [Source: CTO / Form V (Part C) / Effluent Reports]
Total water discharged (in kilolitres)	(CALCULATION)	(CALCULATION)

Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency.

(FILL)

2. Please provide details of total Scope 3 emissions & its intensity, in the following format:

The following table:

Parameter	Unit	FY (Current Financial Year)	FY (Previous Financial Year)
Total Scope 3 emissions (Break-up of the GHG into CO2, CH4, N2O, HFCs, PFCs, SF6, NF3, if available)	Metric tonnes of CO2 equivalent	(FILL)	(FILL)
Total Scope 3 emissions per rupee of turnover		(CALCULATION) [Scope 3 / Turnover]	(CALCULATION) [Scope 3 / Turnover]
Total Scope 3 emission intensity (optional) – the relevant metric may be selected by the entity		(CALCULATION)	(CALCULATION)

Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency.

(FILL)

3. With respect to the ecologically sensitive areas reported at Question 12 of Essential Indicators above, provide details of significant direct & indirect impact of the entity on biodiversity in such areas along-with prevention and remediation activities.

(FILL)

4. If the entity has undertaken any specific initiatives or used innovative technology or solutions to improve resource efficiency, or reduce impact due to emissions / effluent discharge / waste generated, please provide details of the same as well as outcome of such initiatives, as per the following format:

The following table:

Sr. No	Initiative undertaken	Details of the initiative (Web-link, if any, may be provided along-with summary)	Outcome of the initiative
(FILL)	(FILL)	(FILL)	(FILL)

5. Does the entity have a business continuity and disaster management plan? Give details in 100 words/ web link.

(FILL)

6. Disclose any significant adverse impact to the environment, arising from the value chain of the entity. What mitigation or adaptation measures have been taken by the entity in this regard.

(FILL)

7. Percentage of value chain partners (by value of business done with such partners) that were assessed for environmental impacts.

The following table:

	% of value chain partners (by value of business done with such partners) that were assessed
Environmental impacts	(CALCULATION) [Assessed Partners / Total Partners * 100]

PRINCIPLE 7 Businesses, when engaging in influencing public and regulatory policy, should do so in a manner that is responsible and transparent

Essential Indicators

1. a. Number of affiliations with trade and industry chambers/ associations.

(FILL)

- b. List the top 10 trade and industry chambers/ associations (determined based on the total members of such body) the entity is a member of/ affiliated to.

The following table:

S. No.	Name of the trade and industry chambers/ associations	Reach of trade and industry chambers/ associations (State/National)
1	(FILL)	(FILL)
2	(FILL)	(FILL)
3	(FILL)	(FILL)
4	(FILL)	(FILL)
5	(FILL)	(FILL)

6	(FILL)	(FILL)
7	(FILL)	(FILL)
8	(FILL)	(FILL)
9	(FILL)	(FILL)
10	(FILL)	(FILL)

2. Provide details of corrective action taken or underway on any issues related to anti- competitive conduct by the entity, based on adverse orders from regulatory authorities.

The following table:

Name of authority	Brief of the case	Corrective action taken
(FILL)	(FILL)	(FILL)

Leadership Indicators

1. Details of public policy positions advocated by the entity:

The following table:

S. No.	Public policy advocated	Method resorted for such advocacy	Whether information available in public domain? (Yes/No)	Frequency of Review by Board (Annually/ Half yearly/ Quarterly / Others – please specify)	Web Link, if available

(FILL)	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)
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PRINCIPLE 8 Businesses should promote inclusive growth and equitable development

Essential Indicators

1. Details of Social Impact Assessments (SIA) of projects undertaken by the entity based on applicable laws, in the current financial year.

The following table:

Name and brief details of project	SIA Notification No.	Date of notification	Whether conducted by independent external agency (Yes / No)	Results communicated in public domain (Yes / No)	Relevant Web link
(FILL)	(FILL)	(FILL)	(FILL)	(FILL)	(FILL)

2. Provide information on project(s) for which ongoing Rehabilitation and Resettlement (R&R) is being undertaken by your entity, in the following format:

The following table:

S. No.	Name of Project for which R&R is ongoing	State	District	No. of Project Affected Families (PAFs)	% of PAFs covered by R&R	Amounts paid to PAFs in the FY (In INR)
(FILL)	(FILL)	(FILL)	(FILL)	(FILL)	(CALCULATION) [Covered / Total *]	(FILL)

					100]	
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3. Describe the mechanisms to receive and redress grievances of the community.

(FILL)

4. Percentage of input material (inputs to total inputs by value) sourced from suppliers:

The following table:

	FY (Current Financial Year)	FY (Previous Financial Year)
Directly sourced from MSMEs/ small producers	(CALCULATION) [MSME Sourcing / Total Sourcing * 100]	(CALCULATION) [MSME Sourcing / Total Sourcing * 100]
Directly from within India	(CALCULATION) [Domestic Sourcing / Total Sourcing * 100]	(CALCULATION) [Domestic Sourcing / Total Sourcing * 100]

Leadership Indicators

1. Provide details of actions taken to mitigate any negative social impacts identified in the Social Impact Assessments (Reference: Question 1 of Essential Indicators above):

The following table:

Details of negative social impact identified	Corrective action taken
(FILL)	(FILL)

2. Provide the following information on CSR projects undertaken by your entity in designated aspirational districts as identified by government bodies:

The following table:

S. No.	State	Aspirational District	Amount spent (In INR)
(FILL)	(FILL)	(FILL)	(FILL)

3. (a) Do you have a preferential procurement policy where you give preference to purchase from suppliers comprising marginalized /vulnerable groups? (Yes/No)

(FILL)

(b) From which marginalized /vulnerable groups do you procure?

(FILL)

(c) What percentage of total procurement (by value) does it constitute?

(CALCULATION)

4. Details of the benefits derived and shared from the intellectual properties owned or acquired by your entity (in the current financial year), based on traditional knowledge:

The following table:

S. No.	Intellectual Property based on traditional knowledge	Owned/ Acquired (Yes/No)	Benefit shared (Yes / No)	Basis of calculating benefit share
(FILL)	(FILL)	(FILL)	(FILL)	(FILL)

5. Details of corrective actions taken or underway, based on any adverse order in intellectual property related disputes wherein usage of traditional knowledge is involved.

The following table:

Name of authority	Brief of the Case	Corrective action taken

(FILL)	(FILL)	(FILL)
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6. Details of beneficiaries of CSR Projects:

The following table:

S. No.	CSR Project	No. of persons benefitted from CSR Projects	% of beneficiaries from vulnerable and marginalized groups
(FILL)	(FILL)	(FILL)	(CALCULATION) [Vulnerable / Total * 100]

PRINCIPLE 9 Businesses should engage with and provide value to their consumers in a responsible manner

Essential Indicators

1. Describe the mechanisms in place to receive and respond to consumer complaints and feedback.

(FILL)

2. Turnover of products and/ services as a percentage of turnover from all products/service that carry information about:

The following table:

	As a percentage to total turnover
Environmental and social parameters relevant to the product	(CALCULATION)
Safe and responsible usage	(CALCULATION)

Recycling and/or safe disposal	(CALCULATION)
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3. Number of consumer complaints in respect of the following:

The following table:

	FY (Current Financial Year)		FY (Previous Financial Year)	
	Received during the year	Pending resolution at end of year	Received during the year	Pending resolution at end of year
Data privacy	(FILL)	(FILL)	(FILL)	(FILL)
Advertising	(FILL)	(FILL)	(FILL)	(FILL)
Cyber-security	(FILL)	(FILL)	(FILL)	(FILL)
Delivery of essential services	(FILL)	(FILL)	(FILL)	(FILL)
Restrictive Trade Practices	(FILL)	(FILL)	(FILL)	(FILL)
Unfair Trade Practices	(FILL)	(FILL)	(FILL)	(FILL)
Other	(FILL)	(FILL)	(FILL)	(FILL)

4. Details of instances of product recalls on account of safety issues:

The following table:

	Number	Reasons for recall
Voluntary recalls	(FILL)	(FILL)
Forced recalls	(FILL)	(FILL)

5. Does the entity have a framework/ policy on cyber security and risks related to data privacy? (Yes/No) If available, provide a web-link of the policy.

(FILL)

6. Provide details of any corrective actions taken or underway on issues relating to advertising, and delivery of essential services; cyber security and data privacy of customers; re-occurrence of instances of product recalls; penalty / action taken by regulatory authorities on safety of products / services.

(FILL)

Leadership Indicators

1. Channels / platforms where information on products and services of the entity can be accessed (provide web link, if available).

(FILL)

2. Steps taken to inform and educate consumers about safe and responsible usage of products and/or services.

(FILL)

3. Mechanisms in place to inform consumers of any risk of disruption/discontinuation of essential services.

(FILL)

4. Does the entity display product information on the product over and above what is mandated as per local laws? (Yes/No/Not Applicable) If yes, provide details in brief.

(FILL)

5. Did your entity carry out any survey with regard to consumer satisfaction relating to the major

products / services of the entity, significant locations of operation of the entity or the entity as a whole? (Yes/No)

(FILL)

6. Provide the following information relating to data breaches:

a. Number of instances of data breaches

(FILL)

b. Percentage of data breaches involving personally identifiable information of customers

(CALCULATION)

c. Impact, if any, of the data breaches

(FILL)