INSTITUTE OF HUMAN BEHAVIOUR & ALLIED SCIENCES (IHBAS)
(Hospital based autonomous academic Institute, under GNCT of Delhi, dealing with)
"Brain – Mind Problems & their Solutions"
Dilshad Garden, Delhi 110 095 (India)

Tel.: 2211 4021, 32, Ext. No.655 Fax: 2259 9227, E-mail : dmsihbas@gmail.com;website: ihbas.delhigovt.nic.in

Dr.Om Prakash

Professor of Psychiatry &

Dy. Medical Superintendent

IHBAS

F.N.35/BMW/IHBAS/2025/ 257 Date 19/4/25

To,

The CMO (BMW-MGMT)

DHS,F-17,

Swasthya Sewa Nideshalaya Bhagwan

Karkardooma

Delhi 32

Sub: Submission of Monthly report for the month of March 2025 regarding Bio Medical Waste Management in our Institute .

Sir/Madam,

With reference to your letter, herewith we are enclosing the Monthly Report for the month of March2025 regarding Bio Medical Waste Management in our Institute.

(Dr.Om Prakash)

Copy to:-

1. OIC Computer with request to upload on website
2. OIC (BMW/HIC)
3. Assistant office of the Director

Form - IV
(See rule 13)
ANNUAL REPORT/ MONTHLY REPORT

Sl. No.	Particulars		
	Particulars of the Occupier-	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Director
	(ii) Name of HCF or CBMWTF	:	IHBAS
	(iii) Address for Correspondence	:	IHBAS, DILSHAD-GARDEN, DELHI-95.
	(iv) Address of Facility	:	IHBAS, DILSHAD-GARDEN, DELHI-95.
	(v) Tel. No, Fax. No	:	FAX NO- 22599227
	(vi) E-mail ID	:	director office @ ihbas.org
	(vii) URL of Website	:	www.ihbas.delhi.gov.in/director.
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: AUTH/1995950 ...., valid up to ...7/7/24
	(xi). Status of Consents under Water Act and Air Act : Valid up to	:	9/6/25
2	Type of Health Care Facility	:	HOSPITAL
	(i) Bedded Hospital	:	No. of Beds...317.
	(ii) Non-bedded hospital (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	:	-
	(i) Number healthcare facilities covered by CBMWTF	:	-
	(ii) No of beds covered by CBMWTF	:	-
	(iii) Installed treatment and disposal capacity of CBMWTF	:	_____ Kg per day
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	____ Kg/day
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)		Yellow Category : 1471.59 kgs
			Red Category : 1493.06 kgs
			White: 15.27 kgs
			Blue Category : 281.17 kgs
			General Solid waste: 3600 kgs
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility		Size :
			Capacity :
			Provision of on-site storage : (cold storage or any other provision) BMW STORAGE
	(ii) disposal facilities		Type of treatment Equipment / No of Units / Capacity Kg/ Day / Quantity treatment disposed in kg per annum
			Incinerators

			Plasma Pyrolysis – Autoclavon – 02 Microwave – 01 Hydroclave Shredder Needle tip cutter or Destroyor: – 25 Sharps encapsulation or concrete pit: Deep burial pits: Chemical disinfection: – 02 Any other treatment equipment:
	(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	:	BY SMS WATER GRACE PVT. LTD,
	(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 12,350 kgs
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	SMS WATER GRACE PVT. LTD.
	(vii) List of member HCF not handed over bio-medical waste	:	–
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		yes
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		07
	(ii) number of personnel trained		230
	(iii) number of personnel trained at the time of induction		21
	(iv) number of personnel not undergone any training so far		
	(v) whether standard manual for training is available?		
	(vi) any other information		
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		
	(ii) Number of the persons effected		
	(iii) Remedial Action taken (Please attach details if any)		
	(iv) Any Fatality occurred, details.		No
9	Are you meeting the standards of air Pollution from the Incinerator? How many times in last year could not met the standards?		NO
	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?		CHEMICAL TREATMENT DONE BY NEUTRALIZATION & SODIUM HYPOCHLORITE
11	Is the disinfection method or sterilization meeting the log 4 standards? How many		

	times you have not met the standards in a year?		
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from MONTH of MARCH 2025

Name and Signature
Head of the Institution

Date:
Place

Dr. R... A
Assistant ...
DMC reg...
Deptt.of Micro...
Institute of He... and
Allied Sciences Delhi-110095

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Dr.Om Prakash
Professor of Psychiatry &
Dy. Medical Superintendent
IHBAS

F.N.35/BMW/IHBAS/2025/258 Date 19/9/25

To,

The Director,
Health services, Govt.of NCT of Delhi
Directorate of Health Services
Swasthya Sewa Nideshalaya Bhawan
F-17, Karkardooma,
Delhi 110032

Subject: Action Taken Report in respect of implementation of the High court orders forbidding the use of plastic bags

Reference: Your letter no. F.No.25/3(95)/09/DHS/BMW/,12564-608 dated 16.03.10

Sir/Madam,

With reference to your letter referred to above, this is to inform that no incident of use of plastic bags has been reported at this institute, except for use of plastic bags as prescribed under BMW (handling and management) Rules, 2016. The relevant report duly filled in, in respect of this Institute for **March 2025** is forwarded herewith as desired.

Thanking you

(Dr.Om Prakash)

Copy to:-

1. OIC Computer with request to upload on website
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Format for Report to Be Submitted To the Member Secretary, DPCC

1.	Name of the Unit	LHBAS
2.	Name of the offender with father's name & residential address & telephone number	—
3.	Date of sample/Inspection	26/3/25
4.	Brief description of offence	—
5.	Name & Address along with telephone number of the witness 1.	—
	2.	—
6.	Remarks, If any	—
7.	Enclosure: Sample & seizure memo and any other document (s): Please specify	—

Dr. RENU GUPTA
Assistant Professor
DMC regd no. 25017

Signature

(Name and Designation of the authorized officer)

NOTE: On the time of seizure of sample, signature and addresses of two independent witnesses must be obtained