



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

P.N.35/BMW/IHBAS/2026/ 313

Date..20/5/26

To,

The CMO (BMW-MGMT)

DHS,F-17,

SwasthyaSewaNideshalayaBhawan

Karkardooma

Delhi 32

Sub: Submission of Monthly report for the month of April 2026 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 April 2026 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

5 set

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

Sl. No	Particulars	
1	Particulars of the Occupier:-	
	(i) Name of the authorised person (occupier or operator of facility)	Director
	(ii) Name of HCF or CBMWTF	IHBOR
	(iii) Address for Correspondence	IHBOR, Dilshad - Garden, Delhi-95.
	(iv) Address of Facility	IHBOR, Dilshad - Garden, Delhi-95.
	(v) Tel. No, Fax. No	FAX No. - 22595229
	(vi) E-mail ID	director office @ ihbor.org
	(vii) URL of Website	www.ihbor.delhi.gov.in
	(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/52362185V
	(xi) Status of Consents under Water Act and Air Act : Valid up to	valid up to 31/12/2009
2	Type of Health Care Facility	
	(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 : 2709.19 kg
		Red Category : 2726.62 kg
		White: 13.19 kg
		Blue Category : 286.12 kg
		General Solid waste: 2360 kg
5	Details of the Storage, treatment, transportation, processing and Disposal Facility	
	(i) Details of the on-site storage facility	Size : 70.64 meters
		Capacity :
		Provision of on-site storage : (cold storage or any other provision)
	(ii) disposal facilities	Type of treat

		Plasma Pyrolysis Autoclaves - 02 Microwave - 01 Hydroclave Shredder Needle tip cutter or Destroyer - 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	<table border="1"> <thead> <tr> <th></th><th>Quantity Generated</th><th>Where disposed</th></tr> </thead> <tbody> <tr> <td>Incineration Ash</td><td></td><td></td></tr> <tr> <td>ETP Sludge</td><td>12,100 kg</td><td></td></tr> </tbody> </table>		Quantity Generated	Where disposed	Incineration Ash			ETP Sludge	12,100 kg	
	Quantity Generated	Where disposed									
Incineration Ash											
ETP Sludge	12,100 kg										
	(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 committees? 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	5									
	(ii) number of personnel trained	110									
	(iii) number of personnel trained at the time of induction										
	(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 affected										
	(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?	1 time 21/6/20									



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F.N.35/BMW/IHBAS/2026/ 314

Date...20/5/26

To,

The Director:

Health services. Govt.of NCT of Delhi

Directorate of Health Services

SwasthyaSewaNideshalayaBhawan

F-17, Karkardooma,

Delhi 110032

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

Refference: 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 April 2026 is forwarded herewith as desired.

Thanking you

Copy to:-

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

(Signature)
(01/05/2026)
(Dr.Om Prakash)
Associate Professor
DMC-3712
of Psychiatry
IHBAS, Delhi-95

Format for Report to Be Submitted To the
Member Secretary, DPCC

1.	Name of the Unit	141605
2.	Name of the offender with father's name & residential address & telephone number	-
3.	Date of sample/inspection	22/4/26
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	-

Jeetu
8/5/26

7/7. DMS
22/4/26
22/4/26

Signature
(Name and Designation of the authorized officer)