



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, Fax: 2259 9227, E-mail :
dmsihbas@gmail.com; website: ihbas.delhigovt.nic.in

Dr.Om Prakash

Professor of Psychiatry &

Dy. Medical Superintendent

IHBAS

UNAS BMW IHBAS 2026 307

Date... 14/3/2026

To,

The CMO (BMW-MGMT)

DHS,F-17,

Swasthya Sewa Nideshalaya Bhagwan

Karkardooma

Delhi 32

Sub: Submission of Monthly report for the month of February 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 February 2026 regarding Bio Medical Waste Management in our Institute.

Dr. Om Prakash
(Dr.Om Prakash) 14/3/2026

Copy to:-

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

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Form - IV
(See rule 12)
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	LBAS
	(iii) Address for Correspondence	LBAS, PILSHAD GARDEN, DELHI - 95.
	(iv) Address of Facility	LBAS, PILSHAD GARDEN, DELHI - 95.
	(v) Tel. No, Fax. No	Fax No. 222595224
	(vi) E-mail ID	Director.office@lbbs.org
	(vii) URL of Website	www.lbbs.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/152562/85V
	(xi) Status of Consents under Water Act and Air Act : Valid up to	valid up to 31/3/2029
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) Licence 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: 2768.04 Kg
		Red Category: 2595.85 Kg
		White: 8.78 Kg
		Blue Category: 390.79 Kg
		General Solid waste: 2900 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 treatment No Capa Quantity treatment

		Plasma Pyrolysis Autoclaves - 02 Microwave - 01 Hydroclave Shredder Needle tip cutter or Destroyer: 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	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>9,100 Kg</td><td></td></tr> </tbody> </table>		Quantity Generated	Where disposed	Incineration Ash			ETP Sludge	9,100 Kg	
	Quantity Generated	Where disposed									
Incineration Ash											
ETP Sludge	9,100 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 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.	06									
	(ii) number of personnel trained	169									
	(iii) number of personnel trained at the time of induction	03									
	(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:										
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	No									



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Dr.Om Prakash

Professor of Psychiatry &

Dy. Medical Superintendent

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F.N.35/BMW/IHBAS/2026/3 08

Date....1.6.12.2026

To,

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

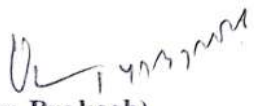
**Subject: Action Taken Report in respect of implementation of the High court orders
forbidding the use of plastic bags**

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 February 2026 is forwarded herewith as desired.

Thanking you


(Dr.Om Prakash)

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3. Assistant office of the Director

5047

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

1.	Name of the Unit	
2.	Name of the offender with father's name & residential address & telephone number	LHBOS
3.	Date of sample/Inspection	
4.	Brief description of offence	24/2/2026
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	

Demolition
6/3/2026

[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