



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

Tel: 2211 4921, 32, Fax No: 6853 Fax: 2259 9227, E-mail
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Dr. Om Prakash

Professor of Psychiatry &

Dy. Medical Superintendent

IHBAS

FN 35/BMW/IHBAS/2026/ 309

Date 27/2/26

To,

The CMO (BMW-MGMT)

DHS-F-17,

Swasthya Sewa Nideshalaya Bhagwan

Karkardooma

Delhi 32

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

Copy to:-

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

(Dr. Om Prakash) *Om Prakash*

For: *Om Prakash*
10/2/26
IHBAS, Delhi-110095

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		LHBAS
	(iii) Address for Correspondence		LHBAS, DILSHAD-GARDEN, DELHI-95,
	(iv) Address of Facility		LHBAS, DILSHAD-GARDEN, DELHI-95,
	(v) Tel. No, Fax. No		FAX No. - 22595229
	(vi) E-mail ID		director@lhb.delhi.gov.in
	(vii) URL of Website		www.lhb.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/52362/85v
	(xi) Status of Consents under Water Act and Air Act : Valid up to		valid up to 31/12/2029
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) 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 2654.35 Kg
			Red Category 2513.27 Kg
			White 24.66 Kg
			Blue Category 330.74 Kg
			General Solid waste 2765 Kg
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility		Area 70.64 meters
			Capacity
			Provision of on-site storage (cold storage or any other provision)
	(ii) disposal facilities		Type of treatment Equipment
			No. of Units
			Capacity of Unit
			Quantity treated or disposed in Kg per annum



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Dilshad Garden, Delhi 110 095 (India)

Dr. Om Prakash, Director, IIRAS, Dilshad Garden, Delhi 110 095 (India)
and the good people of the world at large.

Dr. Om Prakash

Professor of Psychiatry &

Dy. Medical Superintendent

IIRAS

F.N. 38 BMW IIRAS 2026 505

Date 29/2/26

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 January 2026 is forwarded herewith as desired.

Thanking you


(Dr. Om Prakash)

(Copy to be kept in the file)

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

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

1.	Name of the Unit	14B05
2.	Name of the offender with father's name & residential address & telephone number	-
3.	Date of sample/Inspection	20/11/2026
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. P. S. S. S.
Assistant P.
DMC regd no.
Dep't of Police
Institute of (Name and Designation of the authorized officer)
A. J. S. S.

Amu
15/12/26

Signature

Seena
6/2/26

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