



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. Gaurav Dwivedi

Associate Professor of Neuroanaesthesiology &

Dy. Medical Superintendent

IHBAS

EN-35 BMW IHBAS 2026 719

Date: 22/1/26

To,

The CMO (BMW-MGMT)

DHS,F-17,

SwasthyaSewaNideshalayaBhawan

Karkardooma

Delhi 32

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

(Dr. Gaurav Dwivedi)

Copy to:-

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

Form - IV
(Schedule 3)
ANNUAL REPORT/ANNUAL REPORT

1	Name of the Occupier Name of the authorized person Name of the operator of	Director
2	Name of HCF or CBMWTF	IHBAS
3	Address for Correspondence	IHBAS, DILSHAD-GARDEN, DEPT-25
4	Address of Facility	IHBAS, DILSHAD-GARDEN, DEPT-25
5	Phone No, Fax No	Phone No. - 22595337
6	E-mail ID	director@ihbas.org
7	URL of Website	www.ihbas.org
8	GPS coordinates of HCF or CBMWTF	
9	Ownership of HCF or CBMWTF	(State Government or Private or Semi Govt. or any other)
10	Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	Authorisation No: Auth/52362/BSV
11	Status of Consents under Water Act and Air Act: Valid up to	valid up to 31/12/2029
12	Type of Health Care Facility	
13	Bedded Hospital	No. of Beds 317
14	Non-bedded hospital	
15	Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other	
16	License number and its date of expiry	
17	Details of CBMWTF	
18	Number of health care facilities covered by CBMWTF	
19	No. of Beds covered by CBMWTF	
20	Method of treatment and disposal	Incineration
21	Quantity of biomedical waste treated or disposed by CBMWTF	kg/day
22	Quantity of waste generated or disposed in kg per annum (for incineration or other methods)	Yellow Category 2693.9 kg
23		Red Category 2806.8 kg
24		White 1134 kg
25		Sharps 353.1 kg
26		Other 9.7 kg
27	Details of the Storage, Incineration, transport	
28	Details of the on-site storage facility	10.64 m ² area
29	By disposal licence	10.64 m ² area

		Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or Destroyer Sharps encapsulation or concrete pit Deep burial pits Chemical disinfection 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 Watergrass 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>9,600 kg</td><td></td></tr> </tbody> </table>		Quantity Generated	Where disposed	Incineration Ash			ETP Sludge	9,600 kg	
	Quantity Generated	Where disposed									
Incineration Ash											
ETP Sludge	9,600 kg										
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	SMS Watergrass 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	5									
	(ii) number of personnel trained	95									
	(iii) number of personnel trained at the time of induction	07									
	(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?										

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

Certified that the above report is for the period from

MONTH of JUNE 2005

Summit
2/10/26

Date:
Place:

Summit

Name and Signature
Head of the Institution

[Signature]

Admission
Department
IHBAC
DNC



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Dr. Gaurav Dwivedi

Associate Professor of Anaesthesia &

Dy. Medical Superintendent

IHBAS

F.N.35 BMW IHBAS 2026 Date: 11/11/26

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 June 2026 is forwarded herewith as desired.

Thanking you

(Dr. Gaurav Dwivedi)

Copy to:-

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2. OIC (BMW/IHC)
3. Assistant office of the Director

Dr. Gaurav Dwivedi
Associate Professor of Anaesthesia & Health Services
Department of Anaesthesiology
IHBAS, Dilshad Garden, Delhi 110095
Date: 11/11/26

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

1.	Name of the Unit	11160
2.	Name of the offender with father's name & residential address & telephone number	
3.	Date of sample/Inspection	26/12/20
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	

Amey
3/17/26

Secretary
3/12/26

Signature

(Name and Designation of the authorized officer)

Additional
Department of
Forensic Science
C-10095
10095