



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)

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Dr. Om Prakash

Professor of Psychiatry &

Dy. Medical Superintendent

IHBAS

FN 35/BMW/IHBAS/2026/ 309

Date: 27/4/26

To,

The CMO (BMW-MGMT)

DHS, F-17,

Swasthya Sewa Nideshalaya Bhawan

Karkardooma

Delhi 32

Sub: Submission of Monthly report for the month of March 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 March 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

Om Prakash
(Dr. Om Prakash)
DR. OM PRAKASH
Professor of Psychiatry
Dy. Medical Superintendent
IHBAS, Dilshad Garden

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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		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. - 22595224
	(vi) E-mail ID		director@ihbas.org
	(vii) URL of Website		www.ihbas.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/5236218SV
	(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... 312
	(ii) Noni-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 : 2557.8 Kg
			Red Category : 2759.92 Kg
			White: 8.68 Kg
			Blue Category : 286.9 Kg
			General Solid waste: 2580 Kg
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility		Size : 70.04 meters
			Capacity :
			Provision of on-site storage : (cold storage or any other provision)
	(ii) disposal facilities		

		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>11,300 kg</td><td></td></tr> </tbody> </table>		Quantity Generated	Where disposed	Incineration Ash			ETP Sludge	11,300 kg	
	Quantity Generated	Where disposed									
Incineration Ash											
ETP Sludge	11,300 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.	5									
	(ii) number of personnel trained	125									
	(iii) number of personnel trained at the time of induction	14									
	(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?										

Power
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	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 2026

Sanjay
10/4/26

Date:
Place

Name and Signature
Head of the Institution

Sanjay
10/4/26

DR. PRAMOD K.
Assistant Professor
DMC regd no. 25017
Dept. of Microbiology
Institute of Human Behaviour
and Sciences Delhi-110017

16/7/26
gm
Dr. OM PRAKASH
Professor of Psychiatry
DMC No. 44910
IHBAS, Delhi-110085

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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	23/12/2026
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	-

Seena
10/14/26

Seena
10/14/26
(Name and Designation of the authorized officer)

Dr. OM PRAKASH
Signature
Professor of Psychiatry

560011-110095
IHBAS, Delhi-110095
Regn. No. 44970 (MCI)
Federation of Psychiatry
Dr. Om Prakash

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