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Dr. Gaurav Dwivedi  
Deputy Registrar  
Institute of Behaviour & Allied Sciences, PhD  
DMC Reg. No. 20131  
Dilshad Garden, Delhi 110033

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

**Form - IV (See rule 13)**  
**MONTHLY REPORT**

| Sl. No. | Particulars                                                                                                                      |                                                                                                                     |
|---------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| 1.      | <b>Particulars of the Occupier</b>                                                                                               |                                                                                                                     |
|         | (i) Name of the Authorized 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. - 22595227                                                                                                  |
|         | (vi) E-mail ID                                                                                                                   | Directoroffice@ihbas.org.                                                                                           |
|         | (vii) URL of Website                                                                                                             | www.ihbas.delhi.gov.hic.in                                                                                          |
|         | (viii) GPS coordinates of HCF or CBMWTF                                                                                          |                                                                                                                     |
|         | (ix) Ownership of HCF or CBMWTF                                                                                                  |                                                                                                                     |
|         | (X) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules                                          | Authorisation No.<br>DPCC/(11)(5)(01)/2025/BMW/NST/AUTH/52362185v<br>dated 16/07/2025<br><br>Valid up to 31/12/2029 |
| 2.      | (XI). Status of Consents under Water Act and Air Act                                                                             |                                                                                                                     |
|         | <b>Type of Health Care Facility</b>                                                                                              |                                                                                                                     |
|         | (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) | NA                                                                                                                  |
|         | (iii) License number and its date of expiry                                                                                      | NA                                                                                                                  |
| 3.      | <b>Details of CBMWTF</b>                                                                                                         |                                                                                                                     |
|         | (i) Number of healthcare facilities covered by CBMWTF                                                                            | NA                                                                                                                  |
|         | (ii) No of beds covered by CBMWTF                                                                                                | NA                                                                                                                  |
|         | (iii) Installed treatment and disposal capacity of CBMWTF:                                                                       | NA                                                                                                                  |
|         | (iv) Quantity of biomedical waste treated or disposed by CBMWTF                                                                  | NA                                                                                                                  |
| 4.      | Quantity of waste generated or disposed in Kg per annum (on                                                                      | Yellow Category :- 3362.38 Kg                                                                                       |

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12/9/28

|                                         | monthly average basis)                                                                          | Red Category :- 3244.93 Kg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |             |                  |                                              |                 |  |  |  |                     |    |  |  |               |    |  |  |              |    |  |  |               |    |  |  |             |  |  |  |                                   |    |  |  |                                         |    |  |  |                     |    |  |  |                          |    |  |  |                                  |  |  |  |
|-----------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------|------------------|----------------------------------------------|-----------------|--|--|--|---------------------|----|--|--|---------------|----|--|--|--------------|----|--|--|---------------|----|--|--|-------------|--|--|--|-----------------------------------|----|--|--|-----------------------------------------|----|--|--|---------------------|----|--|--|--------------------------|----|--|--|----------------------------------|--|--|--|
|                                         |                                                                                                 | White Box :- 7.89 Kg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |             |                  |                                              |                 |  |  |  |                     |    |  |  |               |    |  |  |              |    |  |  |               |    |  |  |             |  |  |  |                                   |    |  |  |                                         |    |  |  |                     |    |  |  |                          |    |  |  |                                  |  |  |  |
|                                         |                                                                                                 | Blue Box :- 322.8 Kg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |             |                  |                                              |                 |  |  |  |                     |    |  |  |               |    |  |  |              |    |  |  |               |    |  |  |             |  |  |  |                                   |    |  |  |                                         |    |  |  |                     |    |  |  |                          |    |  |  |                                  |  |  |  |
|                                         |                                                                                                 | General Solid waste :-3380 Kg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |             |                  |                                              |                 |  |  |  |                     |    |  |  |               |    |  |  |              |    |  |  |               |    |  |  |             |  |  |  |                                   |    |  |  |                                         |    |  |  |                     |    |  |  |                          |    |  |  |                                  |  |  |  |
| 5.                                      | Details of the Storage, treatment, transportation, processing and Disposal Facility             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |             |                  |                                              |                 |  |  |  |                     |    |  |  |               |    |  |  |              |    |  |  |               |    |  |  |             |  |  |  |                                   |    |  |  |                                         |    |  |  |                     |    |  |  |                          |    |  |  |                                  |  |  |  |
|                                         | (i) Detailsof the on-sitestorage facility                                                       | Size : Adequate 70.64 meters                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |             |                  |                                              |                 |  |  |  |                     |    |  |  |               |    |  |  |              |    |  |  |               |    |  |  |             |  |  |  |                                   |    |  |  |                                         |    |  |  |                     |    |  |  |                          |    |  |  |                                  |  |  |  |
|                                         |                                                                                                 | Capacity : Adequate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              |             |                  |                                              |                 |  |  |  |                     |    |  |  |               |    |  |  |              |    |  |  |               |    |  |  |             |  |  |  |                                   |    |  |  |                                         |    |  |  |                     |    |  |  |                          |    |  |  |                                  |  |  |  |
|                                         |                                                                                                 | Provisionof on-site storage : NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |             |                  |                                              |                 |  |  |  |                     |    |  |  |               |    |  |  |              |    |  |  |               |    |  |  |             |  |  |  |                                   |    |  |  |                                         |    |  |  |                     |    |  |  |                          |    |  |  |                                  |  |  |  |
|                                         | disposal facilities                                                                             | <table><tr><th>Type of treatment Equipment</th><th>No of units</th><th>Capacity Kg/ Day</th><th>Quantity treatedore disposed in Kg per annum</th></tr><tr><td>Incinerators :-</td><td></td><td></td><td></td></tr><tr><td>Plasma Pyrolysis :-</td><td>NA</td><td></td><td></td></tr><tr><td>Autoclaves :-</td><td>02</td><td></td><td></td></tr><tr><td>Microwave :-</td><td>01</td><td></td><td></td></tr><tr><td>Hydroclave :-</td><td>NA</td><td></td><td></td></tr><tr><td>Shredder :-</td><td></td><td></td><td></td></tr><tr><td>Needle tip cutter or destroyer :-</td><td>25</td><td></td><td></td></tr><tr><td>Sharps encapsulation or concrete pit :-</td><td>NA</td><td></td><td></td></tr><tr><td>Deep burial pits :-</td><td>02</td><td></td><td></td></tr><tr><td>Chemical disinfection :-</td><td>NA</td><td></td><td></td></tr><tr><td>Any other treatment equipment :-</td><td></td><td></td><td></td></tr></table> | Type of treatment Equipment                  | No of units | Capacity Kg/ Day | Quantity treatedore disposed in Kg per annum | Incinerators :- |  |  |  | Plasma Pyrolysis :- | NA |  |  | Autoclaves :- | 02 |  |  | Microwave :- | 01 |  |  | Hydroclave :- | NA |  |  | Shredder :- |  |  |  | Needle tip cutter or destroyer :- | 25 |  |  | Sharps encapsulation or concrete pit :- | NA |  |  | Deep burial pits :- | 02 |  |  | Chemical disinfection :- | NA |  |  | Any other treatment equipment :- |  |  |  |
| Type of treatment Equipment             | No of units                                                                                     | Capacity Kg/ Day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Quantity treatedore disposed in Kg per annum |             |                  |                                              |                 |  |  |  |                     |    |  |  |               |    |  |  |              |    |  |  |               |    |  |  |             |  |  |  |                                   |    |  |  |                                         |    |  |  |                     |    |  |  |                          |    |  |  |                                  |  |  |  |
| Incinerators :-                         |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |             |                  |                                              |                 |  |  |  |                     |    |  |  |               |    |  |  |              |    |  |  |               |    |  |  |             |  |  |  |                                   |    |  |  |                                         |    |  |  |                     |    |  |  |                          |    |  |  |                                  |  |  |  |
| Plasma Pyrolysis :-                     | NA                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |             |                  |                                              |                 |  |  |  |                     |    |  |  |               |    |  |  |              |    |  |  |               |    |  |  |             |  |  |  |                                   |    |  |  |                                         |    |  |  |                     |    |  |  |                          |    |  |  |                                  |  |  |  |
| Autoclaves :-                           | 02                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |             |                  |                                              |                 |  |  |  |                     |    |  |  |               |    |  |  |              |    |  |  |               |    |  |  |             |  |  |  |                                   |    |  |  |                                         |    |  |  |                     |    |  |  |                          |    |  |  |                                  |  |  |  |
| Microwave :-                            | 01                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |             |                  |                                              |                 |  |  |  |                     |    |  |  |               |    |  |  |              |    |  |  |               |    |  |  |             |  |  |  |                                   |    |  |  |                                         |    |  |  |                     |    |  |  |                          |    |  |  |                                  |  |  |  |
| Hydroclave :-                           | NA                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |             |                  |                                              |                 |  |  |  |                     |    |  |  |               |    |  |  |              |    |  |  |               |    |  |  |             |  |  |  |                                   |    |  |  |                                         |    |  |  |                     |    |  |  |                          |    |  |  |                                  |  |  |  |
| Shredder :-                             |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |             |                  |                                              |                 |  |  |  |                     |    |  |  |               |    |  |  |              |    |  |  |               |    |  |  |             |  |  |  |                                   |    |  |  |                                         |    |  |  |                     |    |  |  |                          |    |  |  |                                  |  |  |  |
| Needle tip cutter or destroyer :-       | 25                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |             |                  |                                              |                 |  |  |  |                     |    |  |  |               |    |  |  |              |    |  |  |               |    |  |  |             |  |  |  |                                   |    |  |  |                                         |    |  |  |                     |    |  |  |                          |    |  |  |                                  |  |  |  |
| Sharps encapsulation or concrete pit :- | NA                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |             |                  |                                              |                 |  |  |  |                     |    |  |  |               |    |  |  |              |    |  |  |               |    |  |  |             |  |  |  |                                   |    |  |  |                                         |    |  |  |                     |    |  |  |                          |    |  |  |                                  |  |  |  |
| Deep burial pits :-                     | 02                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |             |                  |                                              |                 |  |  |  |                     |    |  |  |               |    |  |  |              |    |  |  |               |    |  |  |             |  |  |  |                                   |    |  |  |                                         |    |  |  |                     |    |  |  |                          |    |  |  |                                  |  |  |  |
| Chemical disinfection :-                | NA                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |             |                  |                                              |                 |  |  |  |                     |    |  |  |               |    |  |  |              |    |  |  |               |    |  |  |             |  |  |  |                                   |    |  |  |                                         |    |  |  |                     |    |  |  |                          |    |  |  |                                  |  |  |  |
| Any other treatment equipment :-        |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |             |                  |                                              |                 |  |  |  |                     |    |  |  |               |    |  |  |              |    |  |  |               |    |  |  |             |  |  |  |                                   |    |  |  |                                         |    |  |  |                     |    |  |  |                          |    |  |  |                                  |  |  |  |
|                                         | (iii) Quantityof recyclablewastes sold to authorized recyclers after treatment in kg per annum. | Red category (like plastic, glass etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              |             |                  |                                              |                 |  |  |  |                     |    |  |  |               |    |  |  |              |    |  |  |               |    |  |  |             |  |  |  |                                   |    |  |  |                                         |    |  |  |                     |    |  |  |                          |    |  |  |                                  |  |  |  |

12/9/26  
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(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

| Incineration             | Quantity  | Where |
|--------------------------|-----------|-------|
| Ash Generated & disposed |           |       |
| ETP Sludge               | 11,500 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.

NA

Do you have bio medical waste Management committee? If yes, attach minutes of the meetings held during the reporting period.

Yes

Details trainings conducted on BMW

(i) Number of trainings conducted on

05

BMW Management

(ii) Number of personnel trained

105

(iii) number of personnel trained at the time of induction

6

(iv) number of personnel not undergone any training so far

(v) whether standard manual for training is available?

(vi) any other information)

Details of the accident occurred during the year

(i) Number of Accidents occurred

NA

(ii) Number of the persons affected

NA

(iii) Remedial Action taken (Please attach details if any)

NA

(iv) Any Fatality occurred, details

No

Are you meeting the standards of air Pollution from the incinerator?

No

How many times in last year could not met the standards?

Details of Continuous online emission monitoring systems installed

NA

12/10/26

|     |                                                                                                                                      |  |
|-----|--------------------------------------------------------------------------------------------------------------------------------------|--|
| 10. | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?                      |  |
| 11. | Is the disinfection method or sterilization meeting the log 4 standards?<br>How many times you have not met the standards in a year? |  |
| 12. | Any other relevant information                                                                                                       |  |

Certified that the above report is for the period from Month of August 2026.....

*Seema (2021)*  
*12/9/26*

Date

Place

*Seema*  
*12/9/26*

DR. RENU GUPTA  
Institutional Representative  
Institute of Human Behaviour and Health Sciences  
DMS Reg. No. 10095

Name and Signature  
Head of the Institution

Dr. Gaurav Dwivedi

Deputy Medical Superintendent

Institute of Human Behaviour and Health Sciences

DMS Reg. No. 10095

District - Garhwal, Uttarakhand



**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. 653 Fax: 2259 9227, E-mail :  
dusilshad@gmail.com/website: ihbas.delhigovt.nic.in

*Dr. Gaurav Dwivedi*

*Additional Professor of Anaesthesia &*

*Dy. Medical Superintendent*

**IHBAS**

F.N.35/BMW/IHBAS/2026/ 332

Date. 21/9/26.....

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 **August 2026** is forwarded herewith as desired.

Thanking you

(Dr. Gaurav Dwivedi)

*Dr. Gaurav Dwivedi*  
Dy. Medical Superintendent  
Human Behaviour & Allied Science, (IHBAS)  
DHO Reg. No. 20231  
Dilshad Garden, Delhi-110095

Copy to:-

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                                                                       | IHBAS   |
| 2. | Name of the offender with father's name<br>& residential address & telephone<br>number | -       |
| 3. | Date of sample/Inspection                                                              | 25/8/26 |
| 4. | Brief description of offence                                                           | -       |
| 5. | Name & Address along with telephone<br>number of the witness                           | -       |
|    | 1.                                                                                     | -       |
|    | 2.                                                                                     | -       |
| 6. | Remarks, If any                                                                        | -       |
| 7. | Enclosure: Sample & seizure memo and<br>any other document (s):<br><br>Please specify  | -       |

*Leena*  
12/9/26

*Leena*  
12/9/26

Dr. Gaurav  
Deputy Signatory  
Institute of Human Sciences  
Bhubaneswar, Odisha

(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.