



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	
	Particulars of the Occupier	
	(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 98
	(iv) Address of Facility	IHBAS Dilshad Garden Delhi 98
	(v) Tel. No, Fax, No	FAX No - 22505227
	(vi) E-mail ID	Directoroffice@ihbas.org
	(vii) URL of Website	www.ihbas.delhi.gov.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 DPCC/(11)(5)(01)/2025/BMW/NST/AUTH/52362186 dated 16/07/2025
		Valid up to 31/12/2029
	(XI) Status of Consents under Water Act and Air Act	
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)	NA
	(iii) License number and its date of expiry	NA
	Details of CBMWTF	
	(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
	Quantity of waste generated or disposed in Kg per annum (on	Yellow Category - 3131.4 Kg

few
9/10/26

monthly average basis)

Red Category :- 3158.46 Kg

White Box :- 9.15 Kg

Blue Box :- 403.44 Kg

General Solid waste :-

Details of the Storage, treatment, transportation, processing and Disposal Facility

(i) Details of the on-site storage facility

Size : Adequate 70.64 meters

Capacity : Adequate

Provision of on-site storage : NA

disposal facilities

Type of treatment Equipment	No of units	Capacity Kg/ Day	Quantity treated or 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) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.

Red category (like plastic, glass etc)

Handwritten signature and date 9/10/28

(iv) No of vehicles used for collection and transportation of biomedical waste

By SMS BMW Pvt. Ltd.

(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum

Incineration

Quantify

Where

Ash Generated disposed

ETP Sludge: 10.700Kg

(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of

SMSBMW Pvt. Ltd.

(vii) List of member HCF not handed over bio-medical waste.

NA

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

08

(ii) Number of personnel trained

347

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

28

(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

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

Handwritten signature and date: 9/10/20

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? 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 September 2026

Date Head of the Institution

Place

Signature
9/10/26

Signature
Name and Signature

Institute of ...
...



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)

Dr. Gaurav Dwivedi

Additional Professor of Anaesthesia &

Dy. Medical Superintendent

IHBAS

F.N. 35/BMW/IHBAS/2026/333

Date 9/10/26

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 September 2026 is forwarded herewith as desired.

Thanking you

Dr. Gaurav Dwivedi
(Dr. Gaurav Dwivedi) Dy. Medical Superintendent
Institute of Human Behaviour & Allied Science, (IHBAS)

Copy to Dilshad Garden, Delhi 110095

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, DPC (

1.	Name of the Unit	HIBAS
2.	Name of the offender with father's name and residential address and telephone number	-
3.	Date of sample inspection	24-9-26
4.	Brief description of offence	-
5.	Name and Address along with telephone number of the witness 1 2	- -
6.	Remarks, If any	-
7.	Enclosure Sample and seizure memo and any other document (s) Please specify	-

Jeer
9/10/26

Signature

Name and Designation of the authorized officer

Dep. Secy.
Institute of Human Rights
DPC
Dilshad Colony, New Delhi-110028

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