INSTITUTE OF HUMAN BEHAVIOUR & ALLIED SCIENCES (IIIBAS) (Hospital based autonomous academic Institute, under GNCT of Delhi, dealing with) "Brain – Mind Problems & their Solutions" Dilshad Garden, Delhi 110 095 (Iudia)



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Professor of Psychiatry &

Dv. Medical Superintendent

1HBAS

EN.35/BMW/IHBAS/2023/ 17子

To,

The CMO (BMW-MGMT)

DHS,F-17,

Swasthya Sewa Nideshalaya Bhagwan

Karkardooma

Delhi 32

Sub: Submission of Monthly report for the month of November 2023 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 November 2023 regarding Bio Medical Waste Management in our Institute

(Dr.Om Prakash)

Copy to:-

1. OIC Computer with request to upload on website

2. OIC (BMW/HIC)

3. Assistant office of the Director

Dr. OM PRAKASH Dr. OM PRAKASH

Essa No. 44910 Essa Delhi-110095

Form - No ARNUAL REPORT/ MORTELY REPORT

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	(occupier or operator of	- :	The second secon
1	facility)	:	
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	(ii) Name of HCF or CBMWTF	- 1 -	Director
	(iii) Address for Correspondence (iv) Address of Facility	-	MEAS
	(v)Tel. No, Fax. No	- :	TURAS DICIHAD COM
	(vi) Exacilities	+:-	THEAS, PLUHAP-GARPEN, DELHI-35.
	(vi) E-mail ID	J:-	
	(vii) URL of Website	- !	IMO FITTI CENTRO (CALL)
	(Viii) GPS coordinates of Not	;	www. ihbar delhi govh bic in.
	(lx) Ownership of HCF or CBMWTF	:	as idely, got bicin.
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	I Medical Magic		Authorication No.: AUTH 1995950
	(Management and Handling) Rules		volid up to 21212-200
	(A). Status of Consents under Weler Act	1-,-	valid up to+J.+J?o24
-	I and All Act . Valid up to	;	9/6/2025
2	Type of Health Care Facility	-	
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	(ii) Non-bedded hospital	:	NO. O' Bods ≤ J. \$.
	(Clinic or Blood Bank or Clinical Laboratory		,
	or Research		•
1			-
	Institute or Veterinary Hospital or any		
	other)		
	(Iii) License number and its date of expiry		_
3	Details of CBIVIVVTF	<u>:</u>	_
	(i) Number healthcare facilities covered by	;	_
	CBMVVTF		
-	(ii) No of beds covered by CBMWTF	; .	_
,	(iii) Installed treatment and disposal	;	Kg per day
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	CBMWTF		
	(iv) Quantily of biomedical waste treated or	:	Kg/day
	disposed by		
	CBMVVTF		,
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	(on Mountal average passy		'
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			White: \$19 K9',
			Blue Category: 174, 86 kg.
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			provision) BMN STOKACE
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	(ii) disposal facilitles		Equipment of city disposed in kg per
			Units Kg/ annum
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	, and a sign desired reference and		Incinerators
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Certified that the above report is for the period from	MONTH of NOVEMBER 2023,
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Date: Place

Dr. RENU GUPTA

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Institute of Human Behavior and
Allied Sciences Political 110095

Name and Signature Head of the Institution

Dr. OM PRAKASH Professor of Psychiatry Professor of Psychiatry DMC No. 44910 IHBAS, Delhi-110095

INSTITUTE OF HUMAN BEHAVIOUR & ALLIED SCIENCES (IHBAS) INSTITUTE OF HUMAN academic Institute, under GNCT of Delhi, dealing with) (Hospital based autonomous academic Problems & their Solutions" "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

F.N.35/BMW/IHBAS/2023/ 178

Date 14112 33

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

Refference: Youf 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 November 2023 is forwarded herewith as desired.

Thanking you

Copy to:-

1. OIC Computer with request to upload on website

2. OIC (BMW/HIC)

3. Assistant office of the Director

Dr. OM PRAKSASH Professor of Esychiatry & Dy. Medical Superintendent

IHBAS, Delhi-110095

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

1,5	Name of the Unit	LHBAL
2.	Name of the offender with father's name	
	& residential address & telephone	_
	number	*
3.	Date of sample/Inspection	28/11/23
4.	Brief description of offence	
5.	Name & Address along with telephone	
¥	number of the witness	
	2.	
6.	Remarks, If any	and -
7.	Enclosure: Sample & seizure memo and	
	any other document (s):	
	Please specify	

Signature

(Name and Designation of the RATIONIZED officer) Professor of Psychiatry

DMC No. 44910 IHBAS, Delhi-11009

NOTE: On the time of seiture of sample, signature and addresses of two independent witnesses

musi be obtained