राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन एक स्वायत्तशासी संस्थान)
बाबा गंगनाथ मार्ग, मुनीरका, नई दिल्ली-110067
दूरभाष (कार्यालय): 91-11-26165959, 26166441, 26188485, 26107773
फैक्स: 91-11-26101623, ई.मेल: info@nihfw.org
वेब साईट: www.nihfw.org

आरोग्यम् सुखसम्पदा

By hand

The National Institute of Health and Family Welfare
(An Autonomous Institute under Ministry of Health & Family Welfare, Government of India)
Baba Ganganath Marg, Munirka, New Delhi-110067
Phones: 91-11-26165959, 26166441, 26188485, 26107773
Fax: 91-11-26101623, E. Mail: info@nihfw.org
Web Site: www.nihfw.org

O/C

F. No. NIHFW/RBM/BMW/2018
Dated 04/04/2025

9/04/25
(ENQUIRY COUNTER)
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT. OF NCT OF DELHI
4TH FLOOR, ISBT BUILDING,
KASHMERE GATE, DELHI-110006

To,
Sr. Environmental Officer,
Delhi Pollution Control Committee,
Deptt. of Environment, Kashmere Gate,
New Delhi-110006

Sub: Submission of Annual Report for the period **January 2024 to December 2024** for Bio Medical Waste Management at the NIHFW – reg.

Sir,

This is in reference to Rule-13 of Bio Medical Waste Management Rules-2016 (Published in the Gazette of India, Extraordinary, Part-II, Section 3, sub-section (i) by the Ministry of Environment, Forest and Climate Change, Govt. of India vide Gazette No.DL-33004/99 dated 28/03/2017, mandating institutions to submit their Annual Reports on or before 30th June each year.

In this regard, the Annual Report for the period **January 2024 to December 2024** duly signed by Director, The NIHFW (in the capacity of the "Occupier" as per the Biomedical Waste Management Rules, 2016) in the prescribed format (Form-IV) is enclosed.

S. Ramachandra Rao

(Dr. S. Ramachandra Rao)
Chairperson
Biomedical Waste Management & Infection Control Committee

07 APR 2025

Form - IV
(See rule 13)
ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	**DIRECTOR, THE NIHFW Prof. Dr. Dheeraj Shah**
	(ii) Name of HCF or CBMWTF	:	**Department of Reproductive Biomedicine, The National Institute of Health and Family Welfare**
	(iii) Address for Correspondence	:	**The National Institute of Health and Family Welfare, Baba Gangnath Marg, Munirka, New Delhi -110067**
	(iv) Address of Facility		**Same as above**
	(v)Tel. No, Fax. No	:	**26165959, FAX-26101623**
	(vi) E-mail ID	:	**director@nihfw.org**
	(vii) URL of Website		**http://www.nihfw.org**
	(viii) GPS coordinates of HCF or CBMWTF		**Latitude-28.553302 Longtitude-77.179041**
	(ix) Ownership of HCF or CBMWTF	:	**Autonomous Organization under MOHFW**
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No: **DPCC/BMW/AUTH/NEW NO/2019/ 04442** valid up to **one-time (being Non-bedded HCF)**
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: **NA**
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: **NA**
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	**Health Care Facility (Clinic), Animal House and Research Institute**
	(iii) License number and its date of expiry		**NA**
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	**NA**
	(ii) No of beds covered by CBMWTF	:	**NA**
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	**NA** Kg per day

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	NA Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : **2205.9 Kg/annum** Red Category: **103.2 Kg/annum** White: **1.30 Kg/annum** Blue Category : **5.0 Kg/annum** General Solid waste: **NA**
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	Size :**NA** Capacity :**NA** Provision of on-site storage : (cold storage or any other provision) **NA**
	(ii) Details of the treatment or disposal facilities	:	Type of treatment equipment / No of units / Capacity Kg/day / Quantity treated or disposed in kg per annum **Nil** Incinerators 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: **Handled by CBMWTF Operator**
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.) **NA (Handled by CBMWTF operator)**
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	**One Vehicle**
	(v) Details of incineration as hand ETP sludge generated and disposed		**NA** Quantity generated Where disposed

	during the treatment of wastes in Kg per annum		Incineration Ash ETP Sludge } -
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	**M/s. Biotic Waste Solutions 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, constituted in 2019**
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		**01**
	(ii) Number of personnel trained		**30**
	(iii) Number of personnel trained at the time of induction		**Nil**
	(iv) Number of personnel not undergone any training so far		**Nil**
	(v) Whether standard manual for training is available?		**None**
	(vi) Any other information		**None**
8	Details of the accident occurred during the year		**Nil**
	(i) Number of Accidents occurred		**Nil**
	(ii) Number of the persons affected		**Nil**
	(iii) Remedial Action taken (Please attach details if any)		**NA**
	(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?		**NA**
	Details of Continuous online emission monitoring systems installed		**NA**
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		**Treated with 1% (v/v) Sodium hypochlorite and discharged in Municipal sewer line**
11	Is the disinfection method or sterilization meeting the log 4		**NA**

	standards? How many times you have not met the standards in a year?		
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator) **NA**

Certified that the above report is for the period from **01.01.2024 to 31.12.2024**

Name and Signature of the Head of the Institution

प्रो. (डॉ.) धीरज शाह
PROF. (Dr.) DHEERAJ SHAH
निदेशक/Director
राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान
The National Institute of Health & Family Welfare
मुनीरका, नई दिल्ली–110067/Munirka, New Delhi-110067

Date: **04.04.2025**
Place: **New Delhi**