## Form - IV

(Sec rule 13)
ANNUAL REPORT
[To be submitted to the prescribed authority on or before $30^{\text {th }}$ 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)]

|  | $\begin{gathered} \hline \mathrm{SI} . \\ \mathrm{No} . \end{gathered}$ | Particulars |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | 1. | Particulars of the Occupier |  |  |
|  |  | (i) Name of the authorised person (occupier or operator of facility) |  | DIRECTOR, THE NIHFW <br> Ms. Nidhi Kesarwani, IAS |
|  |  | (ii) Name of HCF or CBMWTF |  | Department of Reproductive Biomedicine, The National Institute of Health and Family Welfare |
|  |  | (iit) 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: <br> DPCC/BMW/AUTH/NEW <br> NO/2019/ 04442 <br> valid up to one-time (being Non- <br> bedded HCF) |
|  |  | (xi). Status of Consents under Water Act and Air Act |  | Valid up to: <br> NA |
| 2. |  | Type of Health Care Facility |  |  |
|  |  | (i) Bedded Hospital |  | No. of Beds: NA |
|  |  | (ii) Non-bedded hospital <br> (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 |


$\left.\begin{array}{|l|l|l|l|}\hline & \begin{array}{l}\text { during the treatment of wastes in Kg } \\ \text { per annum }\end{array} & & \begin{array}{l}\text { Incineration } \\ \text { Ash } \\ \text { ETP Sludge }\end{array}\end{array}\right\}$

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

Certified that the above report is for the period from 01.01.2021 to 31.12.2021

Date: 24.05.2022
Place: New Delhi


