

**From -IV
(See rule 13)
ANNUAL REPORT/MONTHLY REPORT**

Sl.No	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or operator of facility)	:	Director AIIMS Prof. Randeep Guleria
	(ii) Name of HCF or CBMWTF	:	All India Institute of Medical Sciences (AIIMS)
	(iii) Address for Correspondence	:	AIIMS, Ansari Nagar, New Delhi-110029
	(IV)Address of Facility	:	Same as above
	(v)Tel. No. Fax. No.	:	26594800
	(VI) E-mail ID	:	director.aiims@gmail.com
	(VII)URL of Website	:	aiims.edu
	(VIII)GPS coordinates of HCF of CBMWTF	:	
	(IX)Ownership of HCF of CBMWTF	:	Autonomous Organization
	(X)Status of Authorization under the Bio-Medical Waste (Management and Handing) Rules.	:	Authorization No DPCC/BMW/AUTH/NEW NO/2015/01511 Applied for fresh authorization wide authorization request no. DPCC/BMW/AuthorisationRequest/2017/8955
	(XI)Status of Consents under Water Act and Air Act. Valid up to:	:	Under process wide request no. DPCC/NMW/ORANGE/2017/55983
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 2370
	(ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	N.A.
	(iii) License number and its date of expiry.	:	N.A.
3.	Details if CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	N.A.
	(ii) No. of beds covered by CBMWTF	:	N.A.
	(iii) Installed treatment and disposal capacity of CBMWTF	:	N.A.
	(iv) Quantity of biomedical waste treated or disposal by CBMWTF	:	N.A.
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow category: 23902kg/month Red Category:24118kg/month White: 724 kg/month Blue Category:25463 kg/month General Solid waste 210000 kg/month
5.	Details of the Storage , treatment, transportation, processing and Disposal Facility: Handled by CBMWTF	:	
	(i) Details of the on-site storage facility	:	Size : (99X6.5X9)X2 Capacity: 250 KG Provision of on-site storage : (cold storage or any other provision)

	(vi) Any other information)		Nil
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?		N.A.
	Details of Continuous online emission monitoring systems installed		N.A.
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year.		STP
11.	It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		N.A.
12.	Any other relevant information	(Air Pollution Control Device attached with the incinerator.)	N.A.

Certified that the above report is for the period from

01/08/2017 to 31/08/2017

Date:
Place:


Name and Signature of the Head of the Institution