शरीरमाद्यं खलु धर्मसाधनम्
आ॰भा॰आ॰सं॰
A.I.I.M.S.

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi-110029

F. No. 33/BMW/2023-Estt. (H) Date: 14.11.2026

Subject:- Submission of monthly Report for the month of October, 2026 of Bio Medical Waste Management (BMW) at AIIMS, New Delhi-reg.

Reference letter No. P-18012/12/2016- Environment dated 11.04.2017 from DGHS, MoHFW, GOI on the subject cited above (Flag 'A')

In this regard, the monthly report for the month of October, 2026 in the prescribed format in placed below at flag 'B'

Submitted for kind perusal & signature please.

Amit 14/11/26

Dr. Amit Lathwal
Nodal officer
Biomedical Waste Management

Medical Superintendent, AIIMS 16/11/26

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi-110029

F. No. 33/BMW/2023-Estt. (H) Date: 14.11.2026

To

Deputy Assistant Director General
Directorate General of Health Services
Ministry of Health & Family Welfare
Environment & Climate Change Cell
Government of India

Subject:- Submission of monthly report of Bio Medical Waste Management.

Dear Sir/Madam,

This is in reference to your letter no. P-18012/12/2016 Environment dated 25th April, 2017 regarding above mentioned subject.

Please find enclosed the report of Biomedical Waste Management for the month of October, 2026 duly signed by the Medical Superintendent on behalf of the Director AIIMS, New Delhi.

Kind regards

14/11/26

Nodal Officer
Biomedical Waste Management
AIIMS, New Delhi

BIO-MEDICAL WASTE REPORT OCTOBER, 2026

Date:	Yellow Bags		Red Bags		Blue Bags		White Containers	
01.10.26 to 31.10.26	No of Bags	Weight (Kg)	No of Bags	Weight (Kg)	No of Bags	Weight (Kg)	No of Box	Weight (Kg)
Main Buidling Waste Points	6328	25701	5703	26341	2651	23256	914	719
New RAK Waste Point	3330	11117	3261	12457	626	6780	310	343
JPNA Trauma Waste Points	3213	15037	2186	11070	747	5830	213	191
Total	12871	51855	11150	49868	4024	35866	1437	1253
	No of bags & containers	weight (Kg)						
Total for the Month	29482	138842						

Bio-Care Solutions

5/11/26

SANITATION OFFICER
A.I.I.M.S.
NEW DELHI-110029
HOSPITAL

[redacted]

No. P-18012/12/2016-Environment
Government of India
Ministry of Health & Family Welfare
Directorate General of Health Services
(Environment & Climate Change Cell)

Nirman Bhawan
Dated 11

To,

(As per list attached)

Subject:- Submission of Monthly Report of Bio-Waste Management (BWM) -reg.

Sir,

I am directed to refer to this Dte's letter number dated 31-May, 2016 on the above subject you have been requested to furnish the monthly r bio-medical waste management. The Bio-medica Management Rules 2016 have been notified on 28. by Ministry of Environment, Forest & Climate Change

2. You are, therefore, requested to furnish monthly on bio-medical waste management in prescribed Pr (enclosed) by first week of every month regularly.

Yours fait

Encl. As above.

(Dr. Chhavi Pant
Deputy Assistant Director Ge

Form-IV
(See rule 13)
Monthly Report

	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or operator of facility)	:	Director AIIMS Prof. M. Srinivas
	(ii) Name of HCF of 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) (V) 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/2017/03334
	(xi) Status of Consents under Water Act And Air Act. Valid up to:	:	Certificate No. 0-029036 Valid up to 23/02/2027
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 2486
	(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	:	N.A.
	(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	:	Yellow category : 51855 kg/Month Red Category : 49868Kg/Month Blue Category : 35866 Kg/ Month White : 1253 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 : (99×6.5×9)×2
			Capacity : 250 Kg
			Provision of on-site storage : (cold storage or any other provision)

	(ii) Disposal Facilities	:	Type of treatment No Capacity Quantity Equipment of Kg/day treated or units disposed NIL In Kg per Annum Incinerators Plasma Paralysis 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.) Handled by CBMWTF operator
	(iv) No of vehicles used for collection and transportation of biomedical waste.	:	3 Vehicles
	(v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in kg per annum)		Quantity Generated — Where disposal incineration NIL — NIL Ash ETP Sludge (STP) 3650 kg/p.a. used for complex horticulture
	(vi) Name of the common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	One, Biotic Waste Solutions Private limited
	(vii) List of member HCF not handed over bio-medical waste.	:	NIL
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 training conducted on BMW Management.		None
	(ii) Number of personnel trained		All concerned staff
	(iii) Number of personnel trained at the time of induction		All concerned staff
	(iv) Number of personnel not undergone any training so far.		NIL
	(v) Whether standard manual for Training is available?		Utilizing through posters, videos & power Point presentation.
	(vi) Any other information		NIL
8.	Details of the accident occurred during the month.		NIL
	(i) Number of Accidents occurred		NIL
	(ii) Number of the persons affected		NIL
	(iii) Remedial Action taken (please attach details If any)		
	(iv) Any Fatality occurred details.		NO
9.	Are you meeting the standards of air pollution from		N.A.

	the incinerator? How many times in last year could not met the standards?		
	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.	If 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.)

Certified that the above report is for the period from 01/10/2026 to 31/10/2026.

16/11/26

Name and Signature of the Head of the Institution

Date: 14-11-2026

Place: New Delhi