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## VALLABHBHAI PATEL CHEST INSTITUTE

University of Delhi, P.O. Box No. 2101

DELHI-110 007

1138

Date: 22.09.2026

To

The Senior Environmental Engineer,  
Biomedical Waste Management Cell,  
Delhi Pollution Control Committee,  
4<sup>th</sup> Floor, ISBT Building,  
Kashmere Gate  
Delhi-110006

*23/09/26*

(Through proper channel)

Sir,

We are herewith submitting the Annual Report of Biomedical Waste Management of our Institute for the period of January-2025 to December 2025 for your information.

Thanking you,

Yours sincerely,

*Mandira*



Prof. (Dr.) Mandira Varma Basil  
Nodal Officer (V.P Chest Institute, University of Delhi)

Dr. Mandira Varma-Basil  
Director Professor  
Department of Microbiology  
Vallabhbhai Patel Chest Institute  
University of Delhi, Delhi-110 007

Date: 22.09.2026  
Place: Delhi

Forwarded By: Prof. Raj Kumar

Director,  
Vallabhbhai Patel Chest Institute

*Raj Kumar*  
Prof. Raj Kumar  
Director  
Vallabhbhai Patel Chest Institute  
University of Delhi  
Delhi-110007

**Form - IV (See rule 13)**  
**ANNUAL REPORT (Jan-Dec 2025)**

To be submitted to the prescribed authority on or before 30<sup>th</sup> 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 authorized person (occupier or : operator of facility)                                  |   | The Director                                                                                                          |
|         | (ii) Name of HCF or CBMWTF                                                                              | : | Vallabhbhai Patel Chest Institute                                                                                     |
|         | (iii) Address for Correspondence                                                                        | : | University of Delhi, Delhi-110007                                                                                     |
|         | (iv) Address of Facility                                                                                |   | University of Delhi, Delhi-110007                                                                                     |
|         | (v) Tel. No, Fax. No                                                                                    | : | 011-27402408                                                                                                          |
|         | (vi) E-mail ID                                                                                          | : |                                                                                                                       |
|         | (vii) URL of Website                                                                                    |   | <a href="https://www.vpci.org.in/">https://www.vpci.org.in/</a>                                                       |
|         | (viii) GPS coordinates of HCF or CBMWTF                                                                 |   | 28.6906° N, 77.2092° E                                                                                                |
|         | (ix) Ownership of HCF or CBMWTF                                                                         | : | MOHFW, maintained by the university                                                                                   |
|         | (x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules                | : | Authorization No.: DPCC/(11)(5)(01/2025/BMW/NST/A UTH/47372643i Date 18.07.2025 valid up to 06/05/2030                |
|         | (xi). Status of Consents under Water Act and Air Act                                                    | : | Valid up to 06/05/2030                                                                                                |
| 2.      | Type of Health Care Facility                                                                            | : | Delhi University maintained Central Govt Institute for Post Graduate education and patient care under MCI regulation. |
|         | (i) Bedded Hospital                                                                                     | : | No. of Beds: 128                                                                                                      |
|         | (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 of CBMWTF                                                                                       | : | N/A                                                                                                                   |
|         | (i) Number healthcare facilities covered by CBMWTF                                                      | : | /                                                                                                                     |
|         | (ii) No of beds covered by CBMWTF                                                                       | : |                                                                                                                       |
|         | (iii) Installed treatment and disposal capacity of                                                      | : |                                                                                                                       |
|         |                                                                                                         |   | Kg/day                                                                                                                |

|    |                                                                                     |   |                                                                                                                                                                                                                           |
|----|-------------------------------------------------------------------------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | CBMWTF:                                                                             |   |                                                                                                                                                                                                                           |
|    | (iv) Quantity of biomedical waste treated or disposed by CBMWTF                     | : | -----<br>Kg/day                                                                                                                                                                                                           |
| 4. | Quantity of waste generated or disposed in Kg per annum (on monthly average basis)  | : | Yellow Category : 4106.77 Kgs (Ave 342.23 Kgs)<br>Red Category : 9013.4 Kgs (Ave 751.12 Kgs)<br>Blue Category: 3867.63 Kgs (Ave 322.30 Kgs)<br>White Category : 240.55 Kgs (Ave 20.05 Kgs)<br>General Solid waste: 950 KG |
| 5  | Details of the Storage, treatment, transportation, processing and Disposal Facility |   |                                                                                                                                                                                                                           |
|    | (i) Details of the on-site storage facility                                         | : | Size : 5.30 m x 4.00 m x 2.70 m<br>Capacity : 57.24 M <sup>3</sup> or 2021.4 Cubic foot<br>Provision of on-site storage : (cold storage or any other provision)                                                           |

| (ii) Disposal Facilities                                                                          |   | Type of treatment equipment units                                                                                                                                                                                                                                                                  | No of Kg/ disposed | Cap. of treated or day | Quantity in kg per Annum |
|---------------------------------------------------------------------------------------------------|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|--------------------------|
|                                                                                                   |   | Incinerators - 0<br>Plasma Pyrolysis - 0<br>Autoclaves - 1<br>Microwave -0<br>Hydroclave- 0<br>Shredder - 0<br>Needle tip cutter or destroyer- 10<br>Sharps encapsulation or concrete pit<br>Deep burial pits:<br>Chemical disinfection:<br>Any other treatment STP 2 Nos 20 KLD (Each) equipment: |                    |                        |                          |
| (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. | : | Red Category (like plastic, glass etc.)<br>N/A                                                                                                                                                                                                                                                     |                    |                        |                          |
| (iv) No of vehicles used for collection and transportation of biomedical waste                    | : | 2                                                                                                                                                                                                                                                                                                  |                    |                        |                          |

|   |                                                                                                                              |                                                                                                                 |                |
|---|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------|
|   | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum         | Quantity Generated<br>Incineration Ash- N/A<br>ETP Sludge – No ETP plant Yet                                    | Where disposal |
|   | (vi) Name of the Common Bio- : Medical Waste Treatment Facility Operator through which wastes are disposed of                | M/s SMS Water Grace BMW Pvt Ltd.<br>405, 4 <sup>th</sup> Floor, 32-33, Kaushal Bazar4, Nehru Place, N-Delhi -19 |                |
|   | (vii) List of member HCF not handed over bio-medical waste.                                                                  | N/A                                                                                                             |                |
| 6 | Do you have bio-medical waste Management committee? If yes, attach minutes of the meetings held during the reporting period. | Yes. MOM Attached                                                                                               |                |

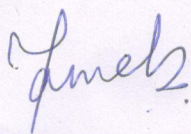
|    |                                                                                                                              |                                                                                                                                                                                 |  |
|----|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 7  | Details trainings conducted on BMW                                                                                           |                                                                                                                                                                                 |  |
|    | (i) Number of trainings conducted of BWM Management.                                                                         | 2                                                                                                                                                                               |  |
|    | (ii) Number of personnel trained                                                                                             | 30                                                                                                                                                                              |  |
|    | (iii) number of personnel trained at the time of induction                                                                   | 30                                                                                                                                                                              |  |
|    | (iv) number of personnel not undergone any training so far                                                                   | Nil                                                                                                                                                                             |  |
|    | (v) whether standard manual for training is available?                                                                       | Yes                                                                                                                                                                             |  |
|    | (vi) any other information)                                                                                                  | -                                                                                                                                                                               |  |
| 8  | Details of the accident occurred during the year                                                                             |                                                                                                                                                                                 |  |
|    | (i) Number of Accidents occurred.                                                                                            | 7 (Needle stick injuries)                                                                                                                                                       |  |
|    | (ii) Number of the persons affected                                                                                          | 7 HCW (4 Nursing staff, 2 Ward boys, 1 Housekeeping Staff)                                                                                                                      |  |
|    | (iii) Remedial Action taken (Please attach details if any)                                                                   | Tridot Test performed on the patients and were negative. Tetanus toxoid was administered to the injured HCWs and were referred to Safdarjung Hospital for further Consultation. |  |
|    | (iv) Any Fatality occurred, details.                                                                                         | Nil                                                                                                                                                                             |  |
| 9  | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standard? | 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                    | NO ETP (under consideration)                                                                                                                                                    |  |

|    |                                                                                                                                   |                                                               |  |
|----|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--|
|    | year?                                                                                                                             |                                                               |  |
| 11 | It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | Yes                                                           |  |
| 12 | Any other relevant information                                                                                                    | (Air Pollution Control Devices attached with the Incinerator) |  |

Certified that the above report is for the period from January 2025 to December 2025

Head of the Institution  
Prof. Raj Kumar

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Director  
Vallabhbhai Patel Chest Institute  
University of Delhi  
Delhi-110007

  
Nodal Officer  
Prof.(Dr.) Mandira Varma Basil



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Director Professor  
Department of Microbiology  
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