

National Institute of Tuberculosis and Respiratory Disease
(An autonomous Institute under the Ministry of Health & Family Welfare, Govt. of India)
Sri Aurobindo Marg, New Delhi - 110030

FORM - A: Monthly Report to be maintained by Health Care Establishment (HCE)

(HCEs sending their entire Bio-Medical Waste to CBWTFs)

Month : August - 2022

1. Name of the hospital : National Institute of TB and Respiratory Diseases.

Address: Sri Aurobindo Marg, New Delhi - 110030

Tel. No. 011-26854922, 011-26854929

Fax. No. 0091-11-26568227, 26517834

2. (a) Total no. of beds : 470
(B) Average occupancy for the month : 85.4%

3. No. of generation point :-

(a) Total No. of ICUs : One

(b) Total No. of O.Ts : One

(c) Total No. of Cath. Labs : None

	Yellow	Red	White	Blue
COVID-19	Nil	Nil	-	-
Others	438.23	1242.63	26.4	
Total	438.23	1242.63	26.4	

6. Name of CBWTF operator with whom agreement made : Biotic Waste Solution Pvt. Ltd.

7. Validity of agreement with CBWTF: Till 20/09/2022

Signature with date: 11/9/22
Name & Designation: Dr. R. K. Dewan (Director)

Ph. No. 011-26963335

ADMINISTRATIVE OFFICE
National Institute of Tuberculosis and Respiratory Disease
Sri Aurobindo Marg, New Delhi - 110030
Tel. No. 011-26854922, 011-26854929
Fax. No. 0091-11-26568227, 26517834

National Institute of Tuberculosis and Respiratory Disease
(An autonomous Institute under the Ministry of Health & Family Welfare, Govt. of India)
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FORM - A: Monthly Report to be maintained by Health Care Establishment (HCE)

(HCEs sending their entire Bio-Medical Waste to CBWTFs)

Month : July - 2022

1. Name of the hospital : National Institute of TB and Respiratory Diseases.

Address: Sri Aurobindo Marg, New Delhi - 110030

Tel. No. 011-26854922, 011-26854929

Fax. No. 0091-11-26568227, 26517834

2. (a) Total no. of beds : 470
(B) Average occupancy for the month : 85.4%

3. No. of generation point :-

(a) Total No. of ICUs : One

(b) Total No. of O.Ts : One

(c) Total No. of Cath. Labs : None

	Yellow	Red	White	Blue
COVID-19	Nil	Nil	-	-
Others	472.59	1250.84	25.78	
Total	472.59	1250.84	25.78	

6. Name of CBWTF operator with whom agreement made : Biotic Waste Solution Pvt. Ltd.

7. Validity of agreement with CBWTF: Till 20/09/2022


Signature with date:

Name & Designation: Dr. R. K. Dewan (Director)

Ph. No. 011-26963335

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FORM - A: Monthly Report to be maintained by Health Care Establishment (HCE)

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Month : June - 2022

1. Name of the hospital : National Institute of TB and Respiratory Diseases.

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Fax. No. 0091-11-26568227, 26517834

2. (a) Total no. of beds : 470
(B) Average occupancy for the month : 85.4%

3. No. of generation point :-

(a) Total No. of ICUs : One

(b) Total No. of O.Ts : One

(c) Total No. of Cath. Labs : None

	Yellow	Red	White	Blue
COVID-19	Nil	Nil	-	-
Others	389.11	1245.95	21.81	
Total	389.11	1245.95	21.81	

6. Name of CBWTF operator with whom agreement made : Biotic Waste Solution Pvt. Ltd.

7. Validity of agreement with CBWTF: Till 20/09/2022


Signature with date:

Name & Designation: Dr. R. K. Dewan (Director)

Ph. No. 011-26968335

Administrative Officer

राष्ट्रीय क्षय रोग शोधन संस्थान
National Institute of TB & Respiratory Diseases
श्री अरुबिन्द मार्ग, नई दिल्ली-110030
Sri Aurobindo Marg, New Delhi-110030

National Institute of Tuberculosis and Respiratory Disease
(An autonomous Institute under the Ministry of Health & Family Welfare, Govt. of India)
Sri Aurobindo Marg, New Delhi - 110030

Form - B: Monthly report to be maintained by Health Care Establishment (HCE)
(Having Incinerator/ Autoclave/ Shredder & Facility for disposal of sharps)

Month:- May - 2022

1. Name of the Hospital: National Institute of TB and Respiratory Diseases.

Address: Sri Aurobindo Marg, New Delhi - 110030

Tel. No. : 011-26854922, 011-26854929

Fax No. 0091-11- 26568227, 26517834

2. (a) Total No. of Beds : **470**
(b) Average occupancy for the month : **85.4%**

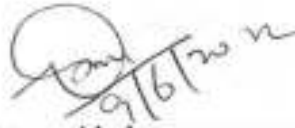
3. No. of generation point:-

(a) Total No. of ICUs : **One**
(b) Total No. of O.Ts : **One**
(c) Total No. of Cath. Labs : **None**

	Yellow	Red	White	Blue
COVID-19	Nil	Nil	-	-
Others	412.74	1280.27	23.3	
Total	412.74	1280.27	23.3	

6. Name of **CBWTF** operator with whom agreement made: Biotic Waste Solution Pvt. Ltd.

7. Validity of agreement with **CBWTF**. **Till 20/09/2022**


7 Signature with date
Name : **Dr. R. K. Dewan**
Designation : **Director**

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Month : April - 2022

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Tel. No. 011-26854922, 011-26854929
Fax. No. 0091-11-26568227, 26517834

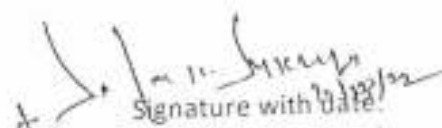
2. (a) Total no. of beds : 470
(B) Average occupancy for the month : 85.4%

3. No. of generation point :-
(a) Total No. of ICUs : One
(b) Total No. of O.Ts : One
(c) Total No. of Cath. Labs : None

	Yellow	Red	White	Blue
COVID-19	Nil	Nil	-	-
Others	392.46	1212.72	22.74	
Total	392.46	1212.72	22.74	

6. Name of CBWTF operator with whom agreement made : Biotic Waste Solution Pvt. Ltd.

7. Validity of agreement with CBWTF: Till 20/09/2022


Signature with date: 20/09/22
Name & Designation: Dr. R. K. Dewan (Director)
Ph. No. 011-26963335

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Month : March - 2022

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2. (a) Total no. of beds : 470

(B) Average occupancy for the month : 85.4%

3. No. of generation point :-

(a) Total No. of ICUs : One

(b) Total No. of O.Ts : One

(c) Total No. of Cath. Labs : None

	Yellow	Red	White	Blue
COVID-19	46.99	59.99	-	-
Others	402.71	1158.18	20.65	
Total	449.70	1218.17	20.65	

6. Name of CBWTF operator with whom agreement made : Biotic Waste Solution Pvt. Ltd.

7. Validity of agreement with CBWTF: Till 20/09/2022


7 Signature with date:

Name & Designation: Dr. R. K. Dewan (Director)

Ph. No. 011-26963335

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FORM - A: Monthly Report to be maintained by Health Care Establishment (HCE)

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Month : February - 2022

1. Name of the hospital : National Institute of TB and Respiratory Diseases.

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2. (a) Total no. of beds : 470
(B) Average occupancy for the month : 85.4%

3. No. of generation point :-

(a) Total No. of ICUs : One

(b) Total No. of O.Ts : One

(c) Total No. of Cath. Labs : None

	Yellow	Red	White	Blue
COVID-19	52.82	61.91	-	-
Others	380.28	1054.07	20.66	
Total	433.10	1115.98	20.66	

6. Name of CBWTF operator with whom agreement made : Biotic Waste Solution Pvt. Ltd.

7. Validity of agreement with CBWTF: Till 20/09/2022


Signature with date:
Name & Designation: Dr. R. K. Dewan (Director)
Ph. No. 011-26963335

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Form - B: Monthly report to be maintained by Health Care Establishment (HCE)

(Having Incinerator/ Autoclave/ Shredder & Facility for disposal of sharps)

Month:- January - 2022

1. Name of the Hospital: National Institute of TB and Respiratory Diseases.

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Fax No. 0091-11- 26568227, 26517834

2. (a) Total No. of Beds : **470**
(b) Average occupancy for the month : **85.4%**

3. No. of generation point:-

- (a) Total No. of ICUs : **One**
(b) Total No. of O.Ts : **One**
(c) Total No. of Cath. Labs : **None**

	Yellow	Red	White	Blue
COVID-19	52.82	61.91	-	-
Others	404.78	1077.02	21.03	
Total	457.60	1138.93	21.03	

6. Name of **CBWTF** operator with whom agreement made: Biotic Waste Solution Pvt. Ltd.

7. Validity of agreement with **CBWTF**. **Till 20/09/2022**

Signature with date
Name : **Dr. R. K. Dewan**
Designation : **Director**