ENROLLMENT FORM

Common facility for Collection, Transportation, Storage and Disposal of Bio-Medical Waste generated in your Hospital/Nursing Home/Clinic/Dental Clinics/Pathology Lab/X-Ray Room/Scan Centre Etc.,

|  |  |  |
| --- | --- | --- |
| 1. | Name of the **Medical Establishment** |  |
| 2. |  Classification of Medical Establishment**(Hospital/Nursing Home/Others)** |  |
| 3. |  Name of the Person / persons in-charge |  |
| 4. |  Address for Correspondence |  |
| 5. |  Contact numbers |  |
| 6. |  KPME Number  |  |
| 7. | Pollution Control Board Authorization No. |  |
|  |  |  **Beds. O.T. Lab, BloodBank.** |
| 8. |  Bed capacity of **Hospital/N.Home** |  |
| 9. |  Approximate quantity of **BMW** generated per day |  |
| 10. |  Status of present Authorisation from **State Po Pollution Control Board** |  |

 I/We hereby undertake to abide by the agreement dated between the parties.

 I/We have paid the enrolment fees of Rs**. 1000/-** through **Cash/Cheque /Demand Draft.**

 **Place :**

 **Date : AUTHORISED SIGNATORY**

**FOR OFFICE ONLY**

DATE OF RECEIPT OF ENROLMENT FORM **:**

MODE OF RECEIPT OF ENROLMENT FEE **:** CHEQUE / D.D **:**

OFFICIAL RECEIPT No **:**

ENROLMENT NO. ALLOTTED **:**

 Signature