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