

# COMMON BIO-MEDICAL WASTE TREATMENT FACILITY

## REGISTRATION FORM

To be filled by Health Care Facility / Establishment Personnel : ( Kindly fill in Capital letters )

I/we hereby register/renew for **services** of collection /reception /treatment /transport /storage /disposal of **Solid Bio-Medical Wastes**.

1. Name of the Facility / Establishment : .....

2. Proprietor / In charge of the Facility / Establishment : .....

3. Category ( Please tick ) :

**BEDDED ESTABLISHMENTS** – Hospital / Nursing Home, no. of beds : .....

**HOSPITAL ATTACHED INSTITUTIONS** – Medical, no. of beds : ..... / Dental, no. of chairs : ..... / Veterinary.....

**HEALTH & FAMILY WELFARE DEPARTMENT ESTABLISHMENTS** - ...../ no. of beds : .....

**LABORATORY** – Government..... / Multispecialty...../ Diagnostic..... / Clinical.....

**CLINICS** – Allopathic..... / Dental..... / Ayush..... / Veterinary..... / Polyclinics.....with / without Lab

Blood Bank ..... / Pharmaceutical Distributors..... / Others : ..... ( please specify ).

4. Communication Details of Health Care Facility :

<b>Address :</b> ..... ..... .....	<b>Mobile no. :</b> .....
<b>Land Mark :</b> .....	<b>E-mail id :</b> .....
<b>Place :</b> ..... <b>Pin Code :</b> .....	<b>Plus Code :</b> .....
<b>Taluk :</b> ..... <b>Dist.:</b> .....	

➤ **Declaration :**

- ✓ By enrolling to **COMMON BIO-MEDICAL WASTE TREATMENT FACILITY** Submitting this application form, I agree hereby to receive SMS & E-Mail messages or available social media regarding reminder information about activities.
- ✓ I hereby abide by the Compliance of Bio-Medical Waste (Management and Handling) Rules.

Date :

Estd. 2004

Signature of the applicant

**Kindly Note :**

- Application form is mandatory for Registration.
- Kindly renew 15 days prior to completion of validity.
- Renewals compulsory should attach Photocopy of **CERTIFICATE OF REGISTRATION / MOU OF PREVIOUS YEAR**.
- Renewals compulsory should attach Photocopy of Authorization Certificate issued by Pollution Control Board.

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<p>Note :</p> <ul style="list-style-type: none"> <li>➤ Cash not accepted.</li> <li>➤ Please keep copies of all records pertaining to Bio-Medical Waste Management.</li> <li>➤ Financial transactions in favor of ' The Shushrutha Bio-Medical Waste Management (R.), Shimoga '</li> <li>➤ Kindly mention address seal on the back side of the payment.</li> <li>➤ The Photostat copy of this application may be submitted to concerned regulatory authorities if required.</li> <li>➤ Please attach Prescription Slip.</li> </ul>	<p><b>Details for Cheques / Demand Drafts :</b>                  The Shushrutha Bio-Medical Waste Management Society (R.)                  Payable at Shimoga                  *****</p> <p><b>Details for Internet Banking :</b>                  Account Name : THE SHUSHRUTHA BIO-MEDICAL WASTE MANAGEMENT SOCIETY (R.)                  Bank Name : STATE BANK OF INDIA                  Bank Branch : SHAROFF COMPLEX, SHIMOGA                  Bank Account Number : 10624022502                  Account Type : Current Account                  IFSCCode : SBIN0005619                  *****</p> <p><b>Details for Unified Payments Interface:</b>                  UPI ID : shushruthabiomedical@sbi                  MERCHANT NAME : THE SHUSHRUTHA BIOMEDICAL WASTE MANAGEMENT SOCIETY R                  *****</p> <ul style="list-style-type: none"> <li>➤ PAN : AACAT3929N</li> <li>➤ GSTIN : 29AACAT3929N2ZT</li> </ul>
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### Communication Details

<p><b>CBMWTF</b>  <b>The Shushrutha Bio-Medical Waste Management Society (R.)</b>                  Site # : 31/C, K.I.A.D.B Industrial Area, Machenahalli - 577222                  Shimoga Dist., Karnataka State                  # - 08182246090, @ - shushruthasmg@gmail.com                  Plus Code : VM85+8W Shivamogga, Karnataka</p>	<p><b>PRESIDENT</b>  <b>Dr. Prashanth Isloor</b>                  Eye Clinic-Sagar Nursing Home &amp; Laser Centre-A R LAYOUT                  Achyuth Rao Layout, Near Jail Circle, Shimoga - 577201                  Shimoga Dist., Karnataka State                  # - 9844126889, @ - drpraisloor@yahoo.co.in                  Plus Code : WHQC+J2 Shivamogga, Karnataka</p>	<p><b>SECRETARY</b>  <b>Dr. C.S. Girish</b>                  Saphami Dental Clinic                  Jayanagar Main Road, Shimoga - 577201                  Shimoga Dist., Karnataka State                  # - 9448159316, @ - drgirishcs@gmail.com                  Plus Code : WHRG+FG Shivamogga, Karnataka</p>
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### For Office Purpose only :

#### Subscription details

Registration / Renewal Fee :-	Rs.
Deposit :-	Rs.
Activity Fee:-	
Total:-	

sl. no.	DD / Cheque date	DD / Cheque number	Bank / Place	a/c no.	Amount