

Common Bio-Medical Waste Treatment facility (CBMWTF)

Part of Khasra No. 1/23(1 acre land), Halka No. 31,
Bhitthikala,Ambikapur, Surguja, Chhattisgarh

Health Care Facility (HCF) Pre-Registration Detail:

HCF Unit Name * _____

REGISTRATION NO: _____

HCF Unit Address _____

District * _____ Tehsil * _____ Village * _____

PIN * _____

PAN NO - _____ GSTN NO- _____

MEMBERSHIP CONTRACT EFFECTIVE FROM Date _____

HCF Contact No _____ HCF Email ID _____

Latitude Coordinate _____ Longitude Coordinate _____

HCF Type * Govt Private

Bed Available Yes No No Of Bed's _____

Details of Person Authorize for Agreement:

Name of Person _____

Designation _____

Father's Name _____

Age _____ Aadhar No _____ PAN No _____

Address _____

Contact No _____ Email ID _____

HCF (In-charge/Supervisor) Details:

SN	Name	Designation	Contact No	Remark
1				
2				
3				

Person Details: (Bio-Medical Waste provider Person detail)

SN	Name	Designation	Contact No	Remark
1				
2				
3				

Documents required from HCF for Pre-Registration:-

1. HCF Registration Certification from Govt. Organization (Company / Gumasta)
2. Hospital/Nursing Registration Licence No.
3. Authorization Certificate from CECB
4. PAN Card
5. GST Registration Certificate

Note : Advance of one month will be mandatory with Agreement.

Documents required from Authorized Person for Agreement:-

1. Authorization Letter by HCF
2. Aadhar Card

Signature