

MAHARASHTRA BIO-HYGENIC MANAGEMENT
E-19 MIDC LOTE-PARSHURAM, TAL-KHED, DIST-RATNAGIRI (02356-272676)

APPLICATION FORM FOR MEMBERSHIP

NO. :

DATE :

To,
Maharashtra Bio-Hygienic Management,
Lote Parshuram MIDC, Khed, Ratnagiri.

Sub : **APPLICATION FOR MEMBERSHIP OF CBMWTF.**

Dear Sir,

We wish to become a member of Maharashtra Bio- Hygienic Management for the purpose of bmw generated in our establishment. We shall abide to the terms & conditions of Maharashtra Bio- Hygienic Management. kindly accept entrance fee and membership fee and oblige.

in CAPITAL

Name of establishment: _____ Date of establishment: - _____

Mr.. _____ Degree: - _____ Birth Dt. _____ Mobile : _____

Mrs.. _____ Degree: - _____ Birth Dt. _____ Mobile : _____

Address: - _____

Phone: - _____ Fax Nos. _____ E-mail : _____

MEMBER TYPE : Hospital / Dispensers Clinic / Pathological Lab / Blood Bank / Other

No. Of Beds: - _____

Nature of the Institute: - General Hospital / Maternity / GP / Dentist /Ent / pediatric / orthopedic / Ophthalmologist / Skin clinic /Blood Bank / Pathological lab / Pathological Clinic / Dignostic Center / Day Care Center / Veterinary / Corporate entities / other.

Satellite Station - _____

Undertaking: - Government / Private / Trust.

Working Hours: - _____ Holiday: - _____

Doctors Registration Certificate No.: - _____ Date _____ To _____

Institute MPCB Registration No.: - _____ Date _____ To _____

Nursing Homes Registration No.: - _____ Date _____ To _____

Shop Act Registration No.: - _____ Date _____ To _____

Required Documents: -(Photo copy)

1. Doctor's registration certificate
2. MPCB Authorization (consent)
3. Nursing Home registration
4. Shop Act registration

Signature (With Seal)

Proprietor / Partner / Director