



SAMVED
BIO MEDICAL WASTE MANAGEMENT

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Plant Addr : Plot no-05. GIDC, Kabilpore, Navsari-396424, Gujarat

Phone : 02637-250505 E-mail : info@samvedbmw.com Website : www.samvedbmw.com

MEMBERSHIP REGISTRATION FORM

Name of the Health Care Facility/ Industry / Occupational Healthcare:			
Doctor's Name :			
Address :			
City :		Taluka :	
District :		Pin Code :	
E-mail :		Pan Card No. :	
Mobile :		Tel. No. :	
GST No. :			

Status of Health Care Facility: Proprietor / HUF / LLP / Partnership Firm / Company / Trust / AOP

Type of Generator:

Hospital / Dispensary / Dental Clinic / Laboratory / Medical College / Pharmaceutical / Research / Veterinary / Occupational Health Center / Others

Type of Health Care Facility: Bedded / Non-Bedded

No. of Beds :		No. of Departments/Wards :	
Registration No. :		No. of Outdoor Patients/Day:	
Waste Collection Service :	Door to Door / Everyday / Alternate day		
Vehicle Starts From :			

Document Checklist:

Proprietor	<ol style="list-style-type: none">1. Aadhar Card of Proprietor2. Pan Card of Proprietor3. Letter Head4. Address Proof
Company	<ol style="list-style-type: none">1. Company Pan Card2. Incorporation Certificate3. Letter Head4. Address Proof5. Director's ID
Partnership Firm / LLP	<ol style="list-style-type: none">1. Pan Card2. Incorporation Certificate (if applicable)3. Partner ID Proof4. Partnership Deed5. Letter Head6. Address Proof

Trust	<ol style="list-style-type: none"> 1. Trust Pan Card 2. Trust Registration 3. Trustee ID Proof 4. Trust Deed 5. Letter Head 6. Address Proof
HUF	<ol style="list-style-type: none"> 1. Aadhar Card of Karta 2. Pan Card of Karta 3. Letter Head 4. Address Proof

Along with the above documents, Doctor's ID Proof, Medical Practitioner Registration and Qualification Certificate and GST Certificate (if applicable) are compulsory for all categories of HCF.

Contact Person Name: _____

Designation: _____

Date: _____

Remarks: All information and documents provided in this form are true to my knowledge. If found incorrect or misleading, membership may be rejected or cancelled.

FOR OFFICE USE ONLY

Membership Form Received for:			
Membership Code :			
Receipt No. :		Receipt Date :	
Certificate Validity Date :			
Area Code :		Deposit :	
Billing :		Vehicle Start From :	
Comments / Remarks :			
Waste Collection Service :		Payment Date :	
Checked By :			

Remarks: The name and address provided in this form, along with the membership number allotted by the organization, shall remain final and cannot be altered under any circumstances. All payments must be made through official banking channels only. Membership fees are strictly non-refundable.

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