

Application Form

J.K.Medical Waste Management System

Working Office : 55/5, Village- Godhan Teh Chanderi – 473446

District – Ashoknagar (M.P.)

Mob : 9407227133,9713095142

Name of Institution :.....

Address of the Institution:.....

Latitude & Longitude :.....

Contact Person :.....Pin Code:.....

Gst No:.....Pan No:.....

Telephone No:.....

Aadhar card No:.....

Fax No:.....

Mobile No:.....

E-Mail Address:.....

Total No. of Beds(100%
Occupancy):.....

Inclusive of every facility:.....

Joint of Waste Generation in Institution:.....

- O.P.D.
- O.T.
- I.C.U.
- I.C.C.U
- Laber Room
- Pathology
- Injection Room
- Emergency
- Wards
- Veternery
- Lab Blood Bank
- Dental Clinic & Hospital
- Clinic
- Sonography Center

- **X-Ray Center**
- **Homoeopathic Clinic**
- **Diagnostics Center**
- **CT Scan Center**
- **Hospital**
- **Nursing home**

Date :.....

Seal of the institution