

MEMBERSHIP APPLICATION FORM

Name & Address of the Hospital / Nursing Home / Diag. Center e.t.c.							
Name & res. Address of Managing Director / Owner / GST Number.							
Premises Status (Tick)	Own	Rental	Lease	Others			
In- Charge Doctor / Superintendent and Contact Person	Name/s: Designation/s: Tel. : Fax: Cell: Email :						
Installed bed strength							
Type of Hospital/ Nursing Home							
Employees with break-up	Doctors	Matrons	Nurses	Class IV	Others	Officers	Staff
Diagnostic Center / Dental Clinic/ Eye Clinic/ Day Care Center/ OPD/ Blood Bank Etc.	Area In Sq. Ft.	Description		No. of patients Per day		Total wastes in kg. per day	
Average BMW in Kg. per day.	Human Anatomical etc.	Plastic bottles, Tubings, Catheters etc.		Sharp items		Total	
Please attach separate sheet of more information on any item							
<p>With declaration of all above information about our health care Establishment to be authentic, myself, the authorized executive, do hereby apply for Membership Registration and agree to pay Registration Fee and Security Deposit as decided for categories of HCEs. Before start of operation, we shall enter into an AGREEMENT under mutual signature abiding by the terms & condition of Greentech Environ Management Pvt. Ltd. and safeguarding interest of HCE.</p>							
Amount paid by Account Payee Cheque or DD	Membership Registration		Security Deposit			TOTAL	
	Rs.		Rs.		Rs.		
Cheque / DD Details: Cheque / DD or Rupees _____ (in words), issued by _____ (Name) _____ (Designation), drawn on _____ in favour of GREENTECH ENVIRON MANAGEMENT PVT LTD, having number _____ dated _____							
For GREENTECH ENVIRON MANAGEMENT PVT LTD				Name and Signature of authorised signatory of HCE			
Authorized Signatory							