



KERALA ENVIRO INFRASTRUCTURE LIMITED

INSIDE FACT (CD) CAMPUS

Ambalamedu P.O , PIN:682 303

Phone No:0484-2722141,241,341

CIN: 424129KL2005PLC017973

Email: rajesh.gopinathan@beil.co.in

CBWTF - AFFILIATION FORM FOR HOMEIO CLINICS

Name of HealthCare Facility			
Address-Permenant			
District		Pin Code	
Telephone		Fax	
Address-For Communication			
District		Pin Code	
Telephone		Fax	
Mobile		E-Mail	
Name of Person -In-Charge			
Medical Council Reg. Number			
Telephone		Fax	
Mobile		E-Mail	
Bio-Medical Waste seggregation-in-charge			
Name			
Designation			
Qualification			
Mobile		E-Mail	
Working Time			
Approved/Sanctioned Facilities			
SL NO	Tests	Yes/No	
a.)	Biochemistry		
b.)	Haematology		
c.)	Others (If any)		

Legal Documents (A copy to be attached along with affiliation form)			
PAN Card	Yes/No	PAN Number	
LSGD Registration Certificate	Yes/No	LSGD Reg. No.	
GST	Yes/No	GST Number	
PCB Consent	Yes/No	PCB Consent No.	
UTR / Payment Ref No			

Date: _____ Signature of Authorised Person

Place _____ Name of Authorised Person

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To be filled by KEIL

Affiliation Number				
Affiliation Date		Affiliation Valid Upto		
Verified Bed Strength		Other Facilities		
Affiliation Fee Remittance		Yes/No	Affiliation Fee	Rs.
Remarks				
Verifying Officer Name		Signature		
APPROVED BY				
	Facility Head	GM	CFO	CEO
Name				
Signature				