



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 DENTAL CLINICS

Name of Dental Clinic			
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 Dental Chairs			
Number of Dental chairs			
Approved/Sanctioned Facilities			
SL NO	Tests	Yes/No	
a.)	Haemotology / Biochemistry Lab		
b.)	Pathology Lab		
c.)	Microbiology Lab		
d.)	Other Speciality Lab		

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			
Declaration:- I, Smt/Sri..... hereby declare that the information furnished above are correct and complete to the best of my knowledge. If at any time, during the period of affiliation with KEIL, any information is found incorrect concealed , exaggerated or misleading, my affiliation is liable to be cancelled.			

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			