



# KERALA ENVIRO INFRASTRUCTURE LIMITED

INSIDE FACT (CD) CAMPUS

Ambalamedu P.O , PIN:682 303

Phone No:0484-2722141,241,341

CIN: 424129KL2005PLC017973

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## CBWTF - AFFILIATION FORM FOR VETERINARY LAB

Name of Health Care Facility			
Address-Permenant			
District		Pin Code	
Telephone		Fax	
Address-For Communication			
District		Pin Code	
Telephone		Fax	
Mobile		E-Mail	
Name of Person -In-Charge			
Medicl Council Reg. Number			
Telephone		Fax	
Mobile		E-Mail	
<b>Bio-Medical Waste seggregation-in-charge</b>			
Name			
Designation			
Qualification			
Mobile		E-Mail	
Working Time			
HCF- Category		Hospitals /Clinics /Nursing Homes /Medical College ( Please Mark)	
HCF- Sub Category		Pvt Clinic/ Govt Clinic /Pvt Lab /Govt Lab ( Please Mark)	
<b>Approved/Sanctioned Facilities</b>			
Number of Labs (If any)			
<b>If Any Other Facilities Please Mention Below</b>			

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	
<b>APPROVED BY</b>			
	<b>Facility Head</b>	<b>GM</b>	<b>CFO</b>
Name			
Signature			