

**EXPRESS CLEANING SERVICE OF HOSPITAL AND NURSING HOME
BHUBANESWAR MUNICIPAL CORPORATION**

APPLICATION FORM FOR ENROLLMENT INTO THE SERVICE

1. Name of Institution :
2. Address :

3. Phone No :
4. Contact person / Mobile No. :
5. Total No of beds :
6. Quantity of biomedical waste daily :
7. System of its disposal :
8. Quantity of other waste daily :
9. Whether segregated or not (as per norm) :

I/We do hereby declared that our Express cleaning service of Hospital and Nursing Home name may kindly be enrolled in the Hospital Express cleaning Service and I/We abide by the rules and regulation of the said service.

Signature of the Applicant

Name of Hospital :

Phone No :

Signature of the
Sanitary Inspector-in-charge
of Cleaning Service.

City Health Officer
Bhubaneswar Municipal Corporation