



Unique ID:5051

Agreement No:

1-May-21

To,

Sandhyashi Hospital (A Unit Of Sandhya Healthcare)  
B-48 Sec -5, Bawana Industrial Area Delhi, State - DELHI, PIN - 110039

Subject: Renewal of services of collection, transportation, treatment and disposal of Bio-Medical Waste

Dear Sir,

Greetings of the day!

We highly appreciate the opportunity you have given us to serve your esteemed healthcare establishment and hope for your cooperation in future as well.

In reference to your service agreement having Unique ID:5051, we hereby feel glad to renew the agreement for the period 1-May-21 to 30-Apr-22 on the below rates for being a Hospital/Nursing Home 8-15 Beds:

No of Beds: 10

Minimum Disposal Charges: Rs. 1190

Billing Type: Monthly in Advance

Bio Medical Waste limit: 75 Kg per month

Extra Bio Medical Waste collected shall be charged @ Rs. 25/- per Kg

Please note that Occupier must intimate the Operator in writing in advance, preferably over an email, if the HCF is closed due to any reason. In absence of such intimation, Occupier shall be liable to pay the service charges. Other terms & conditions of service agreement remains same. Kindly treat this letter as renewal of previous service agreement with dedication for safe & healthy environment.

Thanking You,

Yours Truly

For Biotic Waste Solutions Pvt. Ltd.

(Authorized Signatory)

Name: Ankit Gupta

Designation:

Contact No: 9899910083, 9560896389; ankit@biotic.co.in, care@biotic.co.in

For Sandhyashi Hospital (A Unit Of Sandhya Healthcare)

(Authorized Signatory)

Name: Dr. Vikas Gupta

Designation: OWNER

Contact No: 9625889518

KNOW YOUR CLIENT (KYC) APPLICATION FORM FOR HEALTH CARE FACILITY (HCF)  
(Please fill this form in ENGLISH and in BLOCK LETTERS)

A. IDENTITY DETAILS

1. HCF Name: Sandhyashi Hospital (A Unit Of Sandhya Healthcare)
2. HCF Address: B-48 Sec -5, Bawana Industrial Area Delhi, State - DELHI, PIN - 110039
3. Contact Name: Dr. Vikas Gupta
4. Email id: vikasgupta31466@rediffmail.com
5. Mobile No: 9625889518
6. LandLine No:
7. PAN Number: AAXCS7463D
8. GST Number:
9. TAN No (If registered): (Mandatory if deduct TDS on service bill)
10. Signing Authority Pan No: AAXCS7463D
11. Signing Authority Aadhar Number:
12. Bedded/ Non-Bedded: Hospital/Nursing Home 8-15 Beds No of Beds: 10
13. PCB Authorization No: FILED AG Valid Up to: #31
14. HCF Opening & Closing business hours/days:

B. HCF BANK DETAILS

1. Bank Name:
2. Bank Account Number:
3. Bank IFSC Code:

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Signature of the Applicant Date: \_\_\_\_\_ (dd/mm/yyyy)

Note: Please fill the enclosed KYC form. Kindly send one copy of Aadhar Card, PAN Card, GST Registration if applicable, Pollution Control Board (PCB) authorization and one passport size photograph of the authorized signatory.

