

**PIMPRI CHINCHWAD MUNICIPAL CORPORATION,
PIMPRI –411 018.**



**Clinics / Dentist / Path Labs & Etc
For Registration / Renewal of BMW management**

APPLICATION FORM

1. Name of H.C.U. :
2. Category of the Health Care Unit : Government / Private /Trust / Pvt.Ltd.Co
/any other (specify)-----
3. Address :
:
:
- 4.Telephone No. :

- Email : :

5. Name of Owner :
- Qualification :
- Registration No.
(Attach xerox copy) :
- UID no. of the owner :

- If trust/ company/association/partnership – Attach certified copy of board of directors
**(Attach separate sheet mentioning the Names, Qualification, & MMC
Reg.No.of all Concerned)**

6. Type of Health Care Unit :Dental /Blood Bank/ Pathology/Dispensary/
Consulting room /Medical Centres/
Other.....(Specify)
7. Pathy : Allopathic/Ayurvedic/Homeopathic/
Unani/Other Specify

8. Working Hours :

9. M.P.C.B. Authorization No & Date :
(Attach Copy)

10. Description of building construction

Whether the H.C.U.is situated in : Commercial` Complex / Independent
Housing Society / residential area

(If in residential area Attach the N.O.C. given by Society or the Residents)

- Property tax number :

(attach copy of property tax paid for current year . If not – give reason)

11. .Water Supply : Corporation/Boring/Other

Attach the copy of water bill paid for current year)

12. Drainage system : Open space/Septic tank/Soakage pit/
Open Drains/ Underground drains,

DECLARATION

I undersigned declared herby that, the information given is correct and will abide by all the terms

And conditions laid down by P.C.M.C. and M.P.C.B. and should also strictly follow the B.M.W.(management Handling) Rules 1998 as amended in 2003] or other amendment if any in future

Sign & Seal of H.C.U. Owner