



Kalam Institute of Health Technology
(Operating Certification Services through
KIHT Certification Services)

Application Form for BEMC Scheme

KIHT Certification Services (KCS)
F01a/SCHEME/R00
Page 1 of 2

Date of Application:

Applicant Organization Name:

Organization Primary Address:

Contact Person Name:

Contact Number:

Email Id:

Please mention your organizational activities:

List of the Equipments <i>(Please attach details as Annexure A)</i>	
Site Specific List of Equipments <i>(Please attach details as Annexure B)</i>	



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S.No	District	Name of the Hospital	Medical device Name	manufacturer	Model Name	Sr. No.	Functional State(Active/Non-active)	Dept.
1								
2								
3								
4								
5								
6								

Authorized Signatory Name:

Signature & Date with stamp: