



Application Form for BEMC Scheme

Hospital

OEM

AMC/CMC Service Provider

Name of Organization:

Address:		
Fixed Landline No:	Website:	Email:
Mobile No.:		
Contact Person:	Position:	
Name of organization engaged in consultancy (If any)		
Name of Maintenances agency engaged in Equipment Maintenances		
Number of Sites with their addresses		

Please attach the following documents:

For Hospitals,

- List of equipment's (if multiple sites are there, site specific list of equipment's shall be provided) as per the table 1 format.
- Planned Preventive maintenance Schedule for the present year.
- List of testing equipment available with calibration status as per the table 2 format

For AMC/CMC Service Provider and OEM,

- List of Hospital (for whom they provide service) with their location details
- Equipment list as per the table 1 format and preventive maintenance schedule for each hospital
- List of testing equipment available with calibration status for each hospital as per the table 2 format

Table 1

S.No	District	Hospital name	Medical Equipment name	Manufacturer	Model	Serial number	Functional status (Active/Inactive)	Department

*Add more rows depending on the number of equipment



Table 2

S.No	Testing Equipment Name	Manufacturer	Model	Calibration Due Date

I am certified and declared that all information given in this form is true as per my knowledge.

Signature :

Name :

Designation:

Date :