

BMW ID AND PASSWORD /RENEW FORM FOR BMW AUTHORIZATION
(AS PER BMW RULES 2016)

1.	Name of Doctor/In charge	:	
2.	Name of Hospital / Clinic Full Address With Taluka, District, And Pincode	:	Longitude : Latitude:
3.	Mobile No.	:	
4.	Email Address(Compulsory)	:	
5.	Website (Optional-If You Have)	:	
6.	Date Of Establishment	:	
7.	Type Of Hospital/Institute	:	
8.	No. of Beds	:	
9.	Nature Of Practice	:	
10.	O.P.D./Day	:	
11.	No. Of Samples (In Case Of In House Lab)	:	
12.	CBWTF/Distromed Reg. Number With Validity	:	
14.	Daily Consumption of Water (In KL Per Day)	:	
15.	Value of Investment (Building + Land +Infrastructure)	:	
16	Signature Image (7 cm by 2 cm in BLUE ink without Border) in .JPG Format should be less than 50 KB		
17	No. OF D.G SETS		
18	No. of Borvel and Capacity of Motor in H.P.		
19	Pan Card No.		Pl. Send Pan Card Copy also

Date:

Sign:
Stamp: