**Name of Your Organization**

**Office Address : Address of Your Organization**

**Service Agreement For Solid Waste Collection & Disposal**

**Kind Attention : M/S AADHAR HOSPITAL**

**Address : Near, South Bypass Crossing NH10, Hisar, Haryana 125001**

**SUB : Work Order For “Collection And Disposal Of Solid Waste”(Wet & Dry)**

**Dear Sir,**

**With reference above subject we are pleased to place the order for above work at our project subject to terms and condition as follows.**

**A. Scope of work:-**

**The scope of work is collection and disposal of solid waste as per solid waste management rules 2016 and municipal corporation hisar from M/S AADHAR HOSPITAL . The work involved collecting WET AND SOLID WASTE from every Banquet Hall/Hotel/Motel/Marriage place/Restaurant/Industry/Hospital and all type of private and government institutions etc.**

**B. Payment Terms: - Bill will be raised in advance per month from date of submission of the agreement after they dully approve and make an agreement and the payment will be RTGS/NEFT or CHEQUE in favour of NAME OF YOUR ORGANIZATION.**

**C. Termination of Contract:- If ours charitable trust fails to execute the work as per the schedule, the owner reserves the right to withdraw a part/whole of the work from the scope by giving them a notice in writing.**

**D. IDENTIFICATION & UNIFORMS**

* **IDENTITY PROOF**
* **UNIFORMS**
* **PROTECTIVE WEAR**
* **VEHICLE IDENTIFICATION**
* **IDENTIFICATION & UNIFORMS**
* **IDENTIFICATION: we will provide identification cards, with their name, photo, and identification number and require them to carry the said identification cards at all times for monitoring purposes. When requested to do so by any of the DEPARTMENT's STAFF or by GENERATORS, the CONTRACTOR/FRANCHISEE’S STAFF shall submit their identification cards for inspection.**
* **UNIFORMS: we will provide readily recognizable, brightly colored, shirts (or vests/waistcoats) and pants/trousers of a single design and color to all its workers, to be worn at all times when performing SERVICES under this AGREEMENT, so that they can be readily observed and their performance can be monitored. Uniforms shall be replenished as they become worn or damaged, and on at least a semi- annual basis.**
* **PROTECTIVE WEAR: we will provide protective shoes and gloves to all workers, for use at all times during performance of services under this agreement to limit their direct contact with the waste materials.**
* **VEHICLE IDENTIFICATION: each vehicle with a visible identification number painted on the sides, front and back of the vehicle.**

**E. PERFORMANCE MONITORING**

* **INSPECTION**
* **MONITORING**
* **COOPERATION**
* **COMPLAINTS**
* **COMPLAINT LOGS**
* **PERFORMANCE MONITORING**
* **INSPECTION: DEPARTMENT, including the DESIGNATED OFFICER, and the DEPARTMENT'S STAFF, to have access at all times to inspect the work being conducted under this AGREEMENT, to inspect all records and documents maintained by us regarding work performed under this AGREEMENT, and to inspect the PLANT by informing us.**
* **MONITORING: The DEPARTMENT has responsibility for monitoring and controlling the SERVICES conducted under this AGREEMENT. The DEPARTMENT may assign this responsibility to the DEPARTMENT'S STAFF.**
* **COOPERATION: under this AGREEMENT shall be subject to performance monitoring by the DEPARTMENT and/or the DEPARTMENTS officially designated independent MONITOR. We will fully cooperate with the efforts to monitor and control the SERVICES.**
* **COMPLAINTS: We will also establish and operate a telephone line with a working time answering service or a person at the said office for receipt of complaints and comments. Said office will have at least one responsible person in charge and present during collection hours and shall be open during all collection hours.**
* **COMPLAINT LOGS: A complete log of all communications is to be maintained, including a record of actions to follow-up on any complaints or comments.**

**F. DEFINATION**

* **DISPOSAL AND TRANSFER**
* **DOOR SERVICE**
* **PLANT**
* **PRE-COLLECTION SERVICE**
* **REGULATORY FRAMEWORK**
* **DECLINATIONS**
* **DISPOSAL AND TRANSFER: Our workers shall at all times properly discharge solid wastes only at Name of Your Organization Plant or at their disposal facilities. No dumping of solid wastes shall be made to drains, sewers, quarries, rivers, channels, swamps, or other locations not officially designated. Name of Your Organization shall at all times supervise its workers and inspect their activities to ensure that unauthorized dumping does not occur.**
* **DOOR SERVICE: Means collection service from premises wherein bags, bundles, dustbins collected from outside or similar location designated.**
* **PLANT: Means all vehicles, equipment and facilities to be acquired or leased by Name of Your Organization Plant for purposes of performing the services required under this agreement.**
* **PRE-COLLECTION SERVICE: means any collection service by vehicle which results in collected wastes being brought to communal containers serviced by the collection system or directly to collection vehicles by the generators of said wastes.**
* **REGULATORY FRAMEWORK: means any laws, regulations and policies officially approved by the government, including the local, provincial and central government, for the purposes of regulating SOLID WASTE generation, collection, transport, recycling, reuse, treatment, and disposal**.
* **DECLINATIONS: Workers may decline to collect any bag, dustbin, bundle, container of SOLID WASTE which is not properly contained or placed in accordance with the requirements of laws, bye-laws or this AGREEMENT or which contains liquid wastes or contains injurious or hazardous materials. Where the CONTRACTOR has reason to leave SOLID WASTE uncollected.**
* **DESIGNATED OFFICIALS AND ADDRESSES:** The designated OFFICIALS and the addresses, telephone numbers to be used in communicating and providing all notices required under this AGREEMENT are as follows:

Name: **AADHAR HOSPITAL**

Address: **Near, South Bypass Crossing NH10, Hisar, Haryana 125001**

Telephone: .................................

* **NOTICES:** Service of all notices under this agreement from one party to the other shall be sufficiently mailed by registered email or specified mobile number to the specified number/email address of the other party.

The following payment rates are for COLLECTION **OF WET AND DRY WASTE,** dated **1-OCT-2022** These rates assume that the CONTRACTOR will give the service of picking of their solid waste and transfer the disposal site **NAME OF YOUR ORGANIZATION** located at Your address xzy the fee for this service MYRATES **r/s** per month.

**Thanking You**

**Your truly**

**NAME OF YOUR ORGANIZATION**

**SignaturesofYourOrganization**

**Agreed & Accepted by**

**AADHAR HOSPITAL**