

Date :24/04/2018

To,
Jai Bhavani Bio-Medicare Systems,
G-170, MIDC, Baramati.

Subject:- For **Renewal** of Bio-Medical Waste Disposal facility for the Period of
10/04/2018 to 12/04/2018

Respected Sir,

I Dr. **Shubhada Raut**

Hospital/Clinic Name: **Shree**

Address: **Pune**

No. of Beds: **100**

Kindly Request you to renew my Hospital/Clinic for disposal of Bio-Medical Waste
For the Period of **10/04/2018 to 12/04/2018**

Thanking you,

Yours faithfully

Sign & Stamp