

**CUSTOMER PARTICULAR**

Name of Health Care Establishment <b>FLOSS DENTAL LLP.</b>	
Billing Address :→ <b>Plot No-514, 2nd Floor, Sector-104, Near PNB Bank - Noida - 201304, F.B. Nagar (U.P.)</b>	Service Address (if different)
Contact Person & Designation → <b>Dr. Deepthi Goel</b>	Contact Person & Designation
Telephone No. <b>9818622020</b> Fax No. <b>-</b>	Telephone No. Fax No.

**WASTE INFORMATION**

**Type of Health Care Establishment**

<input checked="" type="checkbox"/> Government Hospital / Nursing Home	<input type="checkbox"/> Private Hospital / Nursing Home
<input type="checkbox"/> Speciality	<input type="checkbox"/> Speciality
<input checked="" type="checkbox"/> Maternity	<input type="checkbox"/> Maternity
<input type="checkbox"/> Other, Please Specify _____	<input checked="" type="checkbox"/> Other, Please Specify _____
<input checked="" type="checkbox"/> Diagnostic Center / Pathology Lab	<input checked="" type="checkbox"/> Clinics / OPD / Day Care Center
<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> Blood Bank <input checked="" type="checkbox"/> Dental Clinics
	<input type="checkbox"/> Other, Please specify in details _____

**Type of Waste**

<input checked="" type="checkbox"/> Incinerable Waste	Quantity of Waste _____ Kg/day	<input checked="" type="checkbox"/> Liquid Form (Pharma)	Quantity of Waste _____ litre
<input checked="" type="checkbox"/> Autoclaveable Waste	Quantity of Waste _____ Kg/day	<input checked="" type="checkbox"/> Solid Form (Pharma)	Quantity of Waste _____ Kg/day
<input checked="" type="checkbox"/> Sharp Item	Quantity of Waste _____ kg/day	<input checked="" type="checkbox"/> Others	Quantity of Waste _____ ( )

**Health Care Establishment Strength**

No. of Bed (For Hospital/Nursing Home) <b>N/A.</b>	No. of Patients Per Day <b>1 to 5 / day.</b>	No. of Attending Doctors <b>1 + 1 = 2 only.</b>	No. of Chairs (For Dental Clinics) <b>2 chairs.</b>
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**SERVICE FREQUENCY**

*Call per - 3000 + 1000 + 1000*

**Type of Service Frequency, Please tick one only.**

<input type="checkbox"/> Daily	<input type="checkbox"/> Once a week	<input type="checkbox"/> Twice a week	<input checked="" type="checkbox"/> Thrice a week
<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> On-Call Basis	<input type="checkbox"/> Other, pls, specify _____

**COMMERCIAL**

*DR Goel Deepthi @ floss.com*

Registration Fee <b>1000/-</b>	Security Deposit <b>3000/-</b>	Monthly Charges <b>1000 / p.m. 2018-19</b>	Mode of Payment <b>Cash / cheq.</b>	Payment Term <b>Monthly.</b>
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Medicare Environmental Management Pvt. Ltd. agree to provide & customer agree to accept the Service described herein at the fees and frequency of service indicated above subject to the terms and conditions stipulated in the Agreement. Customer acknowledge having read, understood, accepted and agreed to enter this Registration.

Customer Representative Name <b>Dr. Deepthi Goel (Director)</b>	Customer Company Seal 	Customer Authorised Signature & Date 
Medicare Representative Name <b>MANOJ KUMAR PANWAR Asst. Manager - med.</b>	Medicare Seal 	Medicare Authorised Signature & Date 

# Certificate of Registration



This is to certify that Management System of

## FLOSS DENTAL LLP

B 1/03, SECTOR 18, NOIDA, GAUTAM BUDDHA NAGAR,  
UTTAR PRADESH - 201301, INDIA

is in accordance with the requirements of the following standard

**ISO 9001:2015**  
(Quality Management System)

**SCOPE OF CERTIFICATION**

**“Dental Care Services”**

Certificate Number : 250919019107

Certificate Issue Date : 25 Sep 2019  
1<sup>st</sup> Surveillance Date : 25 Aug 2020  
2<sup>nd</sup> Surveillance Date : 25 Aug 2021  
Certificate Expiry Date : 24 Sep 2022

**To verify certificate, visit at :**

ARS Website : [www.arscert.com/search-client/](http://www.arscert.com/search-client/)

UAF Website : <https://uafaccreditation.org/uaf-directory/organisation-certified-by-uaf-accredited-certification-bodies/>

Accreditation No. : 51901390123

Issued by ARS Assessment Private Limited



*Abhishek*  
Managing Director

UAF IS A FULL MEMBER OF INTERNATIONAL ACCREDITATION FORUM (IAF).

UAF Address : 3510, Colmar, Norfolk, VA 23509, United States of America :

CAB Address : 3/29, Vinamra Khand, Gomti Nagar, Lucknow-10, India

This certificate remains the property of ARS and must be returned to ARS on Cancellation or Suspension of the certificate. Validity of the certificate is subject to successful completion of surveillance audits. Further clarification regarding the scope of this certificate and the applicability of standard may be obtained by consulting the Organisation on [info@arscert.com](mailto:info@arscert.com)

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