



Raiganj Municipality



(Clinical & Medical Waste Disposal Form)

Applicant's Name:	
Organization Name:	
Address:	
Vill:	
Post:	
Thana:	
Dist:	
Holding No:	
Details:	
Mobile:	

.....
Applicant's Signature

Municipal Form No: 39 (Vide rules 105, 121 & 122)	
Miscellaneous Receipt	
<u>Raiganj Municipality</u>	
No: _____	Date: _____
Received from _____	
On a/c of _____	
Sum of Rupees(in words) _____	
Figures Rs. _____	
Cashier:	Executive/Authorise officer