

Letter of Undertaking

To

The Hon. Secretary
IMAGE [IMA Goes Eco friendly] – IMA KSB
IMA State Headquarters, Anayara – P.O.,
Thiruvananthapuram – 695029

Subject: Letter of Undertaking by ‘Segregation In-Charge’ of the Healthcare Institution (HCI)

I Mr. / Mrs. hereby declare that I am the original certificate holder of(Medical/Nursing/Paramedical Degree or Diploma) under (System of Medicine) with (Reg. No.) and I am working at (Name of healthcare institution) as(Designation) from (Month & Year) to till date.

I also declare that:

1. I am working in this HCI as a Permanent/Temporary staff(*tick appropriate one*);
2. I have read & understood the "**Biomedical Waste Management Rules, 2016**" and its amendments published by the MoEF, Govt. of India including its Schedule I - Part 1 & Clauses 3 (e), 4(b), 7(1), 7(2), 7(5), 7 (6) and 8(2);
3. I shall be responsible for the segregation of whole biomedical waste generated in this institution, throughout the working hours of this HCI;
4. I shall be responsible for the Environmental Compensation Charges imposed by the Authorities for the improper segregation, if any detected from this Healthcare Institution;
5. I shall be responsible for all communications related to the segregation & training related to the Biomedical Waste Management within this Healthcare Institution;
6. I shall inform IMAGE once I relieve from the responsibility of the ‘segregation in-charge’ of this HCI.

I have submitted the following documents by Online to IMAGE - CBWTF.

- Self-attested copy of Professional Registration Certificate
- Self-attested copy of valid ID Card [Driving Licence/Passport/PAN Card]
- Self-attested copy of other Govt. recognized ID Card [if Driving Licence/Passport/PAN Card is not available; submit an undertaking to this effect]

I hereby declare that the above furnished details are true to the best of my knowledge and belief.

I have read and agree to the Terms and Conditions as the ‘Segregation In-charge’ of this Healthcare Institution.

Place :
Date :

Name:
Signature:

Mobile No:

(Official Seal of the HCI)