



Registration No. CGHA00001062

Renewal No. 12566

MEDICARE

A Re Sustainability Company

AMENDMENT TO BIO-MEDICAL WASTE MANAGEMENT SERVICE AGREEMENT

THIS AMENDMENT TO BIO-MEDICAL WASTE MANAGEMENT SERVICE AGREEMENT (the "Amendment") is made vide registration no. CGHA00001062 and entered into as of 27-Mar-2024

Between

MEDICARE ENVIRONMENTAL MANAGEMENT PVT. LTD., a company registered under the Companies Act, 1956, as amended from time to time, and having its office at: C-21 Phase - 1, M.G. Road UPSIDC Industrial Area Hapur, duly represented by - Mr. Sanjay Prakash Garg, (Project Head-Hapur) (hereinafter referred to as the "Operator" which expression unless repugnant to the subject or context thereof, shall include its administrators, successors and permitted assigns)

And

HIIMT COLLEGE OF PHARMACY

8, INSTITUTIONAL AREA, GREATER NOIDA, G.B. NAGAR, UTTAR PRADESH

Represented by: MR. ANIL BANSAL,

Designation: OWNER

Contact No.: 7838449151

Email Id.: LALIT.PRADEHAN333@GMAIL.COM

PAN No. NIL,

GST No. NIL.

(hereinafter referred to as the "Generator" which expression unless repugnant to the subject or context thereof, shall include its administrators, successors and permitted assigns).

WHEREAS, this Amendment amends that certain BIO-MEDICAL WASTE MANAGEMENT SERVICE AGREEMENT dated 02-March-2010 (the "Agreement") entered by and between Operator and Generator; and

WHEREAS, the Parties desire to extend the term of the Agreement for an additional term, and

WHEREAS, the Parties desire to further amend the Agreement as specified in this Amendment;

NOW, THEREFORE, in consideration of the foregoing and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereto agree that the foregoing recitals are incorporated herein by reference and as follows:

1. Except for the provisions of the Agreement specifically addressed and modified in this Amendment, all other provisions of the Agreement shall remain in full force and effect.
2. Capitalized terms used but not defined in this Amendment shall have the meaning ascribed to such terms in the Agreement.
3. The Agreement is hereby renewed and extended for an additional term of ONE years, commencing on 01-Apr-24, and concluding on 31-Mar-25 ("Renewal Term No.1")



SPX)



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4. Rates are revised from INR 3,500.00/- to INR 3,500.00/- per month (GST 18% Extra)
Period from 01/04/2024 to 31/03/2025;

Subject to the condition of maximum weight limit of 20 kg per month. The quantity of BMW over & above the limit shall be charged @ Rs. 30 per kg. The service charges mention herein is applicable for the declared capacity of 0(zero) beds only.

5. The Amendment shall be effective as of 01-Apr-24

6. This Amendment constitutes the entire agreement between the Parties regarding the subject matters specifically contained herein and may be amended or modified only by a written instrument signed by each of the Parties.

7. This Amendment supersedes any other prior agreements or understandings of the Parties relating to the subject matter specifically contained herein and the Parties are not relying on any statement, representation, promise or inducement not expressly set forth herein.

8. This Amendment shall be governed by and construed in accordance with, the laws of the Republic of India and the courts of Ghaziabad shall have the exclusive jurisdiction. Any disputes arising out of this Amendment shall be dealt in accordance with the mechanism governing the Agreement.

9. This Amendment may be executed in one or more counterparts, and in both original form and one or more photocopies, each of which shall be deemed to be an original, but all of which together shall be deemed to constitute one and the same instrument.

IN WITNESS WHEREOF the Parties hereto have caused this Amendment to be executed by their respective authorized representatives.

For and on behalf of

For and on behalf of

Medicare Environmental Management Pvt. IIIMT COLLEGE OF PHARMACY
Ltd.



Authorized Signatory

Authorized Signatory

Name: Sanjay Prakash Garg

Name: MRANIL BANSAL,

Title: Project Head

Title: OWNER

1062
Medicaro Environmental Management Pvt. Ltd.
C-71, Phase-1, M.G. Road, UPSID (Industrial Area), Nagpur (Mob. 930055077)
NEW REGISTRATION / RENEWAL REQUEST FORM

Customer Particulars
Name of Health Care Establishment: **HIMT COLLEGE OF PHARMACY**
Billing Address with PIN Code: **08 INSTITUTIONAL AREA, GREATER NOLDA**
Contact Person: **MR. ANIL BANSAL** Designation: **OWNER** Mobile No.: **7838449151**
E-mail: **LALITAPARHAN@GMAIL.COM** GSTIN: **28BCHL0001**
Type of Medical Waste: **General Waste** / Hospital Waste / Industrial Waste / Pharmaceutical Waste / Chemical Waste / Bio Medical Waste / Blood Bank / Diagnostic Center / Pathology Lab / Clinics / OPD /
Quantity of Waste generation: **20 kg** per day, Maximum **20 kg** per month, Extra weight chargeable @ Rs. **30/-**

Frequency of Service. Please tick one only
☐ Daily ☐ Twice a week ☒ Once a week ☐ Once a week ☐ On-Call Basis

Agreement Period from **01-04-24** to **31-03-25**

| Charges Details | | | | |
|------------------|------------------|--|--|--|
| Registration Fee | Security Deposit | Monthly Charges For 1 st year | Monthly Charges For 2 nd year | Monthly Charges For 3 rd year |
| Rs. _____ | Rs. _____ | Rs. 3500/- | Rs. _____ | Rs. _____ |
| | For month | + 45712% | | |

Company don't accept any cash payment

Amount Paid: Rs. _____ for the period from _____ to _____ Detail of Payment
Cheque no. _____ / RTGS/NEFT (U/A no. / Transaction ID) _____
Receipt No. _____
Other Conditions (Please specify) **MONTHLY PAID**

MEMPL agrees to provide & customer agrees to accept the Services described herein at the fees and frequency of service indicated above subject to the terms. Customer acknowledges having read, understood, accepted and agrees to enter this New Registration / Renewal request.

- (1) MEMPL reserves the right to suspend the services if not paid for 3 months consecutively.
(2) Either party can terminate this registration by giving a notice of 3 months or payment equivalent thereof.

You are requested to issue agreement on above mentioned terms & conditions.

Name of Customer: **MR. ANIL BANSAL** Signature of Authorized rep of customer with date: _____
Name of Medicaro Representative: **MANISH SHARMA** Signature of Authorized rep of MEMPL with date: _____



Signature of Authorized rep of MEMPL with date: _____