



**Khyber Pakhtunkhwa
Health Care Commission**

Bank Copy

No..... Dated:.....

Account No. **0001002007476817**

Account Title **KPHCC Registration**

HCE Name:

Owner Name:

Owner CNIC:

HCC Reg No.

Purpose:

Amount	10,000/-
In words	Ten Thousand only/-

Despsitor

Cashier



**Khyber Pakhtunkhwa
Health Care Commission**

KP HCC Copy

No..... Dated:.....

Account No. **0001002007476817**

Account Title **KPHCC Registration**

HCE Name:

Owner Name:

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HCC Reg No.

Purpose:

Amount	10,000/-
In words	Ten Thousand only/-

Despsitor

Cashier



**Khyber Pakhtunkhwa
Health Care Commission**

Applicant Copy

No..... Dated:.....

Account No. **0001002007476817**

Account Title **KPHCC Registration**

HCE Name:

Owner Name:

Owner CNIC:

HCC Reg No.

Purpose:

Amount	10,000/-
In words	Ten Thousand only/-

Despsitor

Cashier