



**KHYBER PAKHTUNKHWA HEALTH CARE COMMISSION**  
B-3, Phase V, Hayatabad Peshawar.  
PHONE: 091-9217791, Fax: 091-9213254  
Email: [info.hcc@hcc.gkp.pk](mailto:info.hcc@hcc.gkp.pk)



**Application Form for Licensing of Clinical Laboratories**

Name of the Laboratory: \_\_\_\_\_

Address: \_\_\_\_\_

KPHCC Registration No. \_\_\_\_\_ Contact No of Laboratory: \_\_\_\_\_

Registered in the Name of Doctor \_\_\_\_\_

S/D/O \_\_\_\_\_

CNIC No. \_\_\_\_\_ Cell No. \_\_\_\_\_

PMC No: \_\_\_\_\_ Qualification: \_\_\_\_\_

Email of the Doctor: \_\_\_\_\_

**NOTE: LICENSING FEE SHOULD BE DEPOSITED IN ANY MCB**

**Name of Bank:** Muslim Commercial Bank PVT LTD

**Branch Code:** 8504 (Peshawar Cantt)

**Account No:** 0969798981000061

Fee Deposited Amount (in figures) \_\_\_\_\_

(Amount in words) \_\_\_\_\_

Bank Receipt No: \_\_\_\_\_ Date: \_\_\_\_\_

Name of the depositor (as per bank receipt): \_\_\_\_\_

Name of the MCB bank branch where fee deposited: \_\_\_\_\_

**AFFIRMATION**

I, the undersigned, do hereby solemnly affirm and declare that the information provided above is true and correct to the best of my knowledge and belief and that nothing has been concealed there from. I also state that if any false or incorrect information is provided to the commission, it may result in rejection of my application for license and I may also be found liable to pay fine to the commission.

Signature:	Name of Application:
Date Signed:	Designation:

**Note: Please provide the required information as per template attached as Annexure A, B, C & D.**







