Khyber Pakhtunkhwa Health Care Commission

Directorate of Licensing

Licence Application Form

HCE Name: _____

HCE Address: _____

HCE Contact No: _____

Classified as:

Category-I: ☐ **No of Beds:** _____

Category-II ☐ **No of Beds:** _____

Category-III ☐

Incharge Doctor Name: _____

PMDC/ NHC/ NCT No: _____

Deceleration

I certify that the statement made by me in answers to the above information are true, complete and correct to the best of my knowledge and belief. I understand that any false statement on required information withheld by me may provide grounds for the rejection of application.

Name:_____ **Signature:** _____