**NOMINATION FORM FOR MSDS TRAINING PROGRAMME**

**Instructions:**

1. This form is applicable to Category 3 Health Care Establishments (Please see Category of HCE below).
2. Health Care Establishments falling under the category of Diagnostic Centers, Clinical Laboratories/Collection Centers shall nominate at least 2 members (1 clinical and 1 administrative). For GP/Specialist /Homeopathic /Hakeem, and Dental Clinics, nomination of 1 member is mandatory.
3. The training fee per member (i.e., 5000 PKR per person per day) should be deposited into Bank Account No. 2007476817 at Bank of Khyber, Qayum Stadium Branch, Peshawar Saddar.
4. Incomplete or handwritten forms will not be accepted.
5. Forward the complete application form along with the original Bank receipt to the office of Deputy Director Quality, Health Care Commission, House No. 04, Khyber Street near Nadra Office, Phase 3 Chowk, Jamrud road, Peshawar.

**HCE Information:**

**Name of HCE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Category of HCE:**

🞎 Dental Clinic🞎 Maternity Home (Only for normal deliveries run by a doctor) 🞎Specialist Clinic 🞎 Homeopathic Clinic 🞎 Tibb Clinic 🞎 Nursing Home centre 🞎 Dialysis Center 🞎 Lithotripsy Centre (Without inpatient facility) 🞎 Drug Rehabilitation Center 🞎 Physical Medicine & Rehabilitation 🞎 Physiotherapy Center 🞎 Prosthetic / Orthotic Center 🞎 Autism Centre 🞎 Psychotherapy Centre 🞎Occupational Therapy 🞎 Speech Therapy 🞎 Aesthetic Medical Clinic 🞎 Aesthetic Surgical Clinic (Only hair transplant clinic) 🞎 Aesthetic Surgical Clinic (Other than hair transplant)🞎 Main Clinical Pathology Laboratory 🞎 Collection Center of Clinical Pathology Laboratory🞎 **Radiological Diagnostic Centre** (🞎 X-Ray 🞎 Ultrasonography (Ultrasound) 🞎 Computed Tomography (CT) Scan 🞎 Magnetic Resonance Imaging (MRI) 🞎 Electrocardiography (ECG) 🞎 Echocardiography (Echo)🞎 Angiography 🞎 Fluoroscopy 🞎 Mammography)

**HCE Registration No**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date of Registration**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address of HCEs**

**District:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Tehsil**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **NC/VC**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mohalla / Sector/ Street No. \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone No.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nominees Information:**

🞎Clinical 🞎Administrative (Manager/ Officer etc)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NIC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email. \_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NIC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email. \_\_\_\_\_\_\_

**Mode of Training:** 🞎In Person 🞎Virtual

**Fee Details**

Fee Receipt No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Deposit. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch Name & Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF INCHARGE & DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_