



NOMINATION FORM FOR MSDS TRAINING PROGRAMME

Instructions:

1. This form is applicable to In-Patient Health Care Establishments
2. In-Patient Health Care Establishments shall nominate at least 2 members, 1 clinical and 1 administrative. (In- patient HCEs training duration is of 3 days).
3. The training fee (10,000 PKR per person per day) should be deposited into Bank Account No. 3005707397 at Bank of Khyber, Qayum Stadium Branch, Peshawar Saddar.
4. Forward the complete application form along with the original Bank receipt and mandatory documents as per the checklist to the office of the Chief Executive Office, Khyber Pakhtunkhwa Health Care Commission, Sector B3, Phase 5, Hayatabad, Peshawar.
5. Incomplete forms shall not be accepted.

HCE Information:

Name of HCE _____
Number of Beds _____
HCE Registration No. _____ Date of Registration _____
Address of HCEs. _____
Mohalla / Sector/ Street No. _____
District: _____ Tehsil _____ NC/VC _____
Email Address: _____ Phone No. _____

Nominees Information:

☐ Clinical

Name	_____
PMDC No.	_____
Qualification	_____
NIC No.	_____
Contact No.	_____
Email.	_____

☐ Administrative (Manager/ Officer etc)

Name	_____
Qualification	_____
NIC No.	_____
Contact No.	_____
Email.	_____

Fee Details

Fee Receipt No. _____ Date of Deposit. _____

Branch Name & Code: _____

SIGNATURE OF INCHARGE & DATE: _____



Mandatory Checklist			
No	Name of Document	Status	Page No
1	Dully completed and signed Nomination Form	<input type="checkbox"/>	
2	Paid Fee Slip	<input type="checkbox"/>	
3	Registration Certificate	<input type="checkbox"/>	
4	NIC of Owner	<input type="checkbox"/>	
5	NIC of the Service Provider	<input type="checkbox"/>	
6	NIC of Participants	<input type="checkbox"/>	