



NOMINATION FORM FOR MSDS TRAINING PROGRAMME

Instructions:

1. This form is applicable to Out- Patient 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 required.
3. The training session for the clinical laboratories/ collection centers is two days while all other categories of out-patient HCEs will have a single-day training session.
4. 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.
5. 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.
6. Incomplete forms shall not be accepted.

HCE Information:

Name of HCE _____

Category of HCE:

☐ General Practitioner Clinic ☐ Specialist Clinic ☐ Dental Clinic ☐ Homeopathic Clinic ☐ Tibb Clinic ☐ 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. _____

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"/>	