



Khyber Pakhtunkhwa Health Care Commission

Government of Khyber Pakhtunkhwa



NOMINATION FORM FOR MSDS TRAINING PROGRAMME FOR CATEGORY "2A" HCEs

Instructions:

1. This form is applicable to Category "2A" In-Patient Health Care Establishments
2. The training fee per member (i.e., 30,000 PKR per person for three days training) should be deposited into Bank Account No. 3005707397 at Bank of Khyber, Qayum Stadium Branch, and Peshawar Saddar.
3. 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 _____
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:

| Senior Management (Hospital Director/Medical Superintendent/Deputy Medical Superintendent etc.): | | Clinical/Surgical Department/ Nominee of Medicine Department/Nursing Director/ Head Nurse/ Nominee of Surgical Department/ Chief OTA etc. | |
|--|--|---|--|
| Name | | Name | |
| Designation | | Designation | |
| Qualification | | Qualification | |
| NIC. No. | | NIC. No. | |
| Contact No. | | Contact No. | |
| Email Address | | Email Address | |



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| | |
|---|--|
| Head of Pharmacy Department/ Pharmacy Manager / Chief Pharmacist/ Pharmacist | |
| Name | |
| Designation | |
| Qualification | |
| NIC. No. | |
| Contact No. | |
| Email Address | |

Fee Details

Fee Receipt No. _____ Date of Deposit. _____
Branch Name & Code: _____

Declaration and Undertaking

I _____ S/o, D/o _____ do hereby solemnly declare and undertake that:

1. The information provided in this application form, as well as the accompanying documents, is true, accurate, and complete to the best of my knowledge and belief.
2. I understand and acknowledge that any misrepresentation, concealment of facts, or submission of false information may result in the rejection of this application and/or cancellation of registration/license at any stage without notice.
3. I undertake to abide by all applicable laws, rules, regulations, and guidelines as prescribed by the Commission, and shall remain compliant with any future amendments therein.
4. I confirm that all required documents, as per the checklist below, have been duly attached for verification and processing.



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Check List of Documents

| No | Documents Description | Attached (√) |
|----|---|--------------|
| 1 | Original Copy of Fee Deposit Slip | |
| 2 | Registration Certificate | |
| 3 | National Identity Card Copies of the Nominees | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |

Signature of Incharge & Date: _____