



Khyber Pakhtunkhwa Health Care Commission

Government of Khyber Pakhtunkhwa



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

Instructions:

1. This form is applicable to Category 2B 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. 2007476817 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:

☐ Clinical

☐ Administrative (Manager/ Officer etc)

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

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

Fee Details

Fee Receipt No. _____ Date of Deposit. _____

Branch Name & Code: _____



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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.

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: _____