



Khyber Pakhtunkhwa Health Care Commission
Government of Khyber Pakhtunkhwa



APPLICATION FOR GRANT OF LICENCE

Instruction:

- Please fill the form carefully, incomplete form will not be entertained
- Provide the evidence where required
- Attach the required documents as per check list
- Attach extra sheet where require

1. GENERAL INFORMATION	
A. DETAILS OF HEALTH CARE ESTABLISHMENT	
Name:	
KP-HCC Registration Number:	
Address:	
No. of Beds.	Category: <input type="checkbox"/> Cat-I <input type="checkbox"/> Cat-IIA <input type="checkbox"/> Cat-IIB
Land Line Number:	Official Mobile Number:
Email:	Website:
Date of Establishment	Status/Type <input type="checkbox"/> Teaching <input type="checkbox"/> Non-Teaching

B. DETAILS OF OWNER(S)	
Name:	Father Name:
Designation in HCE	CNIC
Address:	
Mailing Address:	
Landline Number:	Mobile Number
Email:	

Note: In case of multiple owners please provide details.

C. DETAILS OF FOCAL PERSON FOR KP-HCC	
Name:	Designation in Health Care Establishment
Mobile Number	Email/WhatsApp

CHECK LIST OF DOCUMENTS TO BE ATTACHED	
<input type="checkbox"/>	Copy of NIC and passport size picture of Owner
<input type="checkbox"/>	Copy of Registration Certificates of HCC and other relevant regulatory bodies such as FBR, SECP, Social Welfare Department and/or others
<input type="checkbox"/>	Copies of rent agreement/ownership certificate
<input type="checkbox"/>	Copies of agreements of out sourced services. E.g. waste management, radiological services, clinical pathology etc.
<input type="checkbox"/>	Affidavit on stamp paper
<input type="checkbox"/>	Fee deposit slip
<input type="checkbox"/>	Any other relevant documents

Note: Khyber Pakhtunkhwa Health Care Commission reserve the right to inquire additional information if required.

BANK DETAILS FOR LICENCE FEE

Name of Bank: Bank of Khyber

Account Title: Registration (KP HCC)

Account No: 3005707397

Fee Deposited Amount (in figures) _____

Bank Receipt No: _____ Date: _____

DECLARATION

(To be filled on Stamp paper worth PKR. 100)

I, _____, do hereby solemnly affirm and declare that the _____ (HCE) is providing services and the information provided above is true and correct to the best of my knowledge and belief and that nothing has been concealed. I also undertake that if any false or incorrect information is provided to the Commission, it may result in rejection of my application for license and I may also be found liable to pay fine to the Commission.

Signature: _____

Name of Applicant: _____

Designation: _____

CNIC: _____

Signature: _____

Date: _____