**NOMINATION FORM FOR MSDS TRAINING PROGRAMME FOR CATEGORY ‘’1’’ HCEs**

# Instructions:

1. **This form is applicable to Category “1” 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. 3007404661 at Bank of Khyber Phase V Branch Hayatabad Peshawar .**
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** |  |

|  |  |  |
| --- | --- | --- |
| **Head of Pharmacy Department/ Pharmacy Manager / Chief Pharmacist/ Pharmacist** |  | **Technical Department (Bio Medical Engineering Department/ Quality Assurance Officer/ Nominee from Hospital Quality Department etc.** |
| **Name** |  | **Name** |  |
| **Designation** |  | **Designation** |  |
| **Qualification** |  | **Qualification** |  |
| **NIC. No.** |  | **NIC. No.** |  |
| **Contact No.** |  | **Contact No.** |  |
| **Email Address** |  | **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.

**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:**