**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 may nominate more than 1 member i.e. (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. 3007404661 at Bank of Khyber Phase V Branch Hayatabad Peshawar.**
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 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:

SIGNATURE OF INCHARGE & DATE:

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| --- |
| **Mandatory Checklist** |
| **No** | **Name of Document** | **Status** | **Page No** |
| 1 | Dully completed and signed Nomination Form |  |  |
| 2 | Paid Fee Slip |  |  |
| 3 | Registration Certificate |  |  |
| 4 | NIC of Owner |  |  |
| 5 | NIC of the Service Provider |  |  |
| 6 | NIC of Participants |  |  |