



**REGISTRATION/ RENEWAL OF CLINICS/ LABS/ X-RAY/ ULTRA SOUND/ CT SCAN/ MRI/ PHYSIOTHERAPY/  
BLOOD BANK / THALASSEMIA CENTER.**

Fresh Registration: \_\_\_\_\_ Renewal of Registration: \_\_\_\_\_ Medical/ Dental Clinic: \_\_\_\_\_

1. In case of renewal previous Reg. No. \_\_\_\_\_ Valid up to: \_\_\_\_\_

2. Any change in the facilities or staff , address etc. from previous year registration:

\_\_\_\_\_

3. Name and father name of Doctor (GP/ Specialist): \_\_\_\_\_

4. Gender of Doctor: \_\_\_\_\_

5. CNIC No of Doctor: \_\_\_\_\_

6. Email ID of the Doctor: \_\_\_\_\_

7. Contact No. of the Doctor: \_\_\_\_\_

8. Postal Address of the residence of the doctor: \_\_\_\_\_

\_\_\_\_\_

9. In Case of Government Job of the doctor ,details of designation and current place of posting:

\_\_\_\_\_

\_\_\_\_\_

10. Professional Qualification/ Specialization details of the Doctor: \_\_\_\_\_

\_\_\_\_\_

11. PMDC Registration No: \_\_\_\_\_ Valid Upto: \_\_\_\_\_

12. Name of Health Care Facility: \_\_\_\_\_

13. Postal Address of Health Care Facility: \_\_\_\_\_

\_\_\_\_\_ Tehsil: \_\_\_\_\_ Distt.: \_\_\_\_\_

14. Telephone Contacts No's of the Health Care Facility:

\_\_\_\_\_

15. Name of Associated Medical Staff and their Professional Qualification (If any):

\_\_\_\_\_

\_\_\_\_\_

16. Details of Services provided in the Health Facility: (i.e. X-Ray, Dialysis, Lab, OPD, Ultrasound, ECG, Echo etc.)

(i). \_\_\_\_\_ (ii). \_\_\_\_\_

(iii). \_\_\_\_\_ (iv). \_\_\_\_\_

(v). \_\_\_\_\_ (vi). \_\_\_\_\_

(vii). \_\_\_\_\_ (viii). \_\_\_\_\_

17. Name of Incharge/ Owner: (If any) \_\_\_\_\_

18. CNIC No of Incharge/ Owner: \_\_\_\_\_

19. Postal Address of the residence of the Incharge/ Owner: \_\_\_\_\_

\_\_\_\_\_

**NOTE: REGISTRATION FEE SHOULD BE DEPOSITED IN THE FOLLOWING BANK**



**FEE CAN BE DEPOSITED ONLINE FROM ANY MUSLIM COMMERCIAL BANK**

**Name of Bank:** Muslim Commercial Bank (MCB)

**Branch Code:** 8054 (Fakhar-e-Alam Road, Saddar Branch Peshawar)

**Account No:** 0969798981000061

Fee Deposited Amount (in figures) \_\_\_\_\_

(Amount in words) \_\_\_\_\_

Bank Receipt No: \_\_\_\_\_ date: \_\_\_\_\_

Name of the depositor (as per bank receipt): \_\_\_\_\_

Name of the MCB bank branch where fee deposited: \_\_\_\_\_

**AFFIRMATION**

The information provided is correct to the best of my knowledge and belief, I accept full responsibility for health care facility and shall ensure that all instructions issued by the Khyber Pakhtunkhwa health regulatory authority from time to time regarding health institutions shall be complied and proper documentation shall be maintained. I also undertake that in case of any lapse in compliance, I shall be liable to penalization under the Khyber Pakhtunkhwa medical health institutions and regulation of health-care services ordinance 2002 and rules and regulations made thereof.

Dated Signature of Doctor applicant: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Token No.: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Issued By: \_\_\_\_\_

**I - FOR ACCOUNT SECTION OF HRA**

(i) Verification of the bank receipt from bank statement: \_\_\_\_\_

(ii) Name & dated Sign of the account section clerk: \_\_\_\_\_

**II - Applied** Fresh or renewal of Registration: \_\_\_\_\_ Checked by: \_\_\_\_\_

**III - FOR REGISTRATION SECTION**

Amount due (in figures) \_\_\_\_\_

Amount due (in words) \_\_\_\_\_

Amount Deposited (in Figures) \_\_\_\_\_

Amount Deposited (in words) \_\_\_\_\_

Difference in amount (Arrears): \_\_\_\_\_

Details of difference in amount (Arrears): \_\_\_\_\_

Verification from PMDC website: \_\_\_\_\_

Registration Clerk Remarks, Name & signature: \_\_\_\_\_

**ATTESTED COPIES OF THE FOLLOWING REQUIRED DOCUMENTS SHOULD BE ATTACHED TO THIS APPLICATION FORM**

1. Professional Certificates
2. Two Passport size photographs
3. CNIC (photocopy) of doctor
4. Sketch of the Health facility
5. Health facility Pad copy (with the printed PMDC No., prescription pad bearing names of more than one doctor is not acceptable)
6. Original Bank receipt
7. Rate list of the services (OPD Fee, X-Ray Fee etc.)
8. PNRA Certificates for CT Scan X-ray and Angiography units
9. Experience Certificate in case of Labs and Radiology services