



KHYBER PAKHTUNKHWA HEALTH CARE COMMISSION

Unit FF-01, Deans Trade Center, Islamia Road, Peshawar Cantt.
PHONE: 091-9213245, Fax: 091-9213254



Email: info@hcc.gkp.pk

REGISTRATION/ RENEWAL OF HOMEOPATHIC DOCTOR/ TABIB.

Fresh Registration: _____ Renewal of Registration: _____

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 of Homeopathic Doctor/ Tabib: _____
4. Father name of Homeopathic Doctor/ Tabib: _____
5. CNIC No of Homeopathic Doctor/ Tabib: _____
6. Email ID of the Homeopathic Doctor/ Tabib: _____
7. Contact No. of the Homeopathic Doctor/ Tabib: _____
8. Postal Address of the residence of the Homeopathic Doctor/ Tabib: _____

9. In Case of Government Job of the Homeopathic Doctor/ Tabib, details of designation and current place of posting: _____

10. Professional Qualification details of the Homeopathic Doctor/ Tabib: _____

11. Council for Homeopathy/ Tibb 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 Additional technical qualification in Health Profession (If any):

Contd.....



KHYBER PAKHTUNKHWA HEALTH CARE COMMISSION

Unit FF-01, Deans Trade Center, Islamia Road, Peshawar Cantt.
PHONE: 091-9213245, Fax: 091-9213254



Email: info@hcc.gkp.pk

**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: 969798981000061

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 Homeopathic Doctor/ Tabib 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 Homeopathic Doctor/ Tabib
4. Sketch of the Health facility
5. Health facility Pad copy
6. Original Bank receipt

NOTE: ATTACH ADDITIONAL SHEET FOR DETAILS IF REQUIRED.