



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](mailto:info@hcc.gkp.pk)

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## REGISTRATION/ RENEWAL FORM FOR HOSPITALS/ ORGANIZATIONS

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:  
\_\_\_\_\_  
\_\_\_\_\_

(For additional details attach extra sheets)

3. Health Facility Name: \_\_\_\_\_
4. In case of charity organization Reg. No with Social welfare Department or other Relevant Body:  
\_\_\_\_\_

5. Health Facility Postal Address: \_\_\_\_\_

6. Tehsil: \_\_\_\_\_

7. District: \_\_\_\_\_

8. Land Line (PTCL) No's of the Health Facility: \_\_\_\_\_

9. Name of Owner: \_\_\_\_\_

10. CNIC No of Owner: \_\_\_\_\_

11. Postal Address of the residence of the Owner: \_\_\_\_\_  
\_\_\_\_\_

12. Contact of owner: \_\_\_\_\_ Email of owner: \_\_\_\_\_

13. Name of Administrator: \_\_\_\_\_ Qualification of Administrator: \_\_\_\_\_

14. CNIC of Administrator: \_\_\_\_\_

15. Contact No. of Administrator: \_\_\_\_\_

16. Email of administrator: \_\_\_\_\_

17. OPD time From: \_\_\_\_\_ OPD time To: \_\_\_\_\_

18. Total No. of Specialists: \_\_\_\_\_

(For additional details attach extra sheets on the following pattern for each specialist)

i. PMDC No: \_\_\_\_\_ ii. Valid upto: \_\_\_\_\_

iii. Name: \_\_\_\_\_ iv. Father Name: \_\_\_\_\_

v. Gender: \_\_\_\_\_ vi. Shift (Morning/ Evening/ Night) \_\_\_\_\_

vii. Specialty: \_\_\_\_\_ viii. Availability (Full time/ on call): \_\_\_\_\_

ix. Contact No: \_\_\_\_\_ x. Email: \_\_\_\_\_

xi. In case of Govt Job:

a. Designation: \_\_\_\_\_ b. BPS (Pay scale): \_\_\_\_\_

c. Place of current posting (Govt health Facility): \_\_\_\_\_

19. Total No. of Non specialist Doctors: \_\_\_\_\_



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(For additional details attach extra sheets on the following pattern for each Non specialist Doctor)

- i. PMDC No: \_\_\_\_\_ ii. Valid upto: \_\_\_\_\_
- iii. Name: \_\_\_\_\_ iv. Father Name: \_\_\_\_\_
- v. Gender: \_\_\_\_\_ vi. Shift (Morning/ Evening/ Night) \_\_\_\_\_
- vii. Availability (Full time/ on call): \_\_\_\_\_ viii. Contact No: \_\_\_\_\_
- ix. Email: \_\_\_\_\_
- x. In case of Govt Job :
- a. Designation: \_\_\_\_\_ b. BPS (Pay scale): \_\_\_\_\_
- c. Place of current posting (Govt health Facility): \_\_\_\_\_
20. Total No. of Nurses: \_\_\_\_\_

(For additional details attach extra sheets on the following pattern for each Nurse)

- i. Nursing Council Reg. No.: \_\_\_\_\_ ii. Valid upto: \_\_\_\_\_
- iii. Name: \_\_\_\_\_ iv. Father Name: \_\_\_\_\_
- v. Gender: \_\_\_\_\_ vi. Shift (Morning/ Evening/ Night) \_\_\_\_\_
- vii. Availability (Full time/ on call): \_\_\_\_\_ viii. Contact No: \_\_\_\_\_
- ix. Email: \_\_\_\_\_
- x. In case of Govt Job:
- a. Designation: \_\_\_\_\_ b. BPS (Pay scale): \_\_\_\_\_
- c. Place of current posting (Govt health Facility): \_\_\_\_\_
21. Total No. of Paramedics: \_\_\_\_\_

(For additional details attach extra sheets on the following pattern for each Paramedics)

- i. Medical Faculty/Council Reg: \_\_\_\_\_ ii. Valid upto: \_\_\_\_\_
- iii. Name: \_\_\_\_\_ iv. Father Name: \_\_\_\_\_
- v. Gender: \_\_\_\_\_ vi. Shift (Morning/ Evening/ Night) \_\_\_\_\_
- vii. Availability (Full time/ on call): \_\_\_\_\_ viii. Contact No: \_\_\_\_\_
- ix. Email: \_\_\_\_\_
- x. In case of Govt Job:
- a. Designation: \_\_\_\_\_ b. BPS (Pay scale): \_\_\_\_\_
- c. Place of current posting (Govt health Facility): \_\_\_\_\_
22. Total No. of Operation Theatre(s): \_\_\_\_\_
23. Anesthetics Doctor/ Technicians: \_\_\_\_\_
24. Source of blood, where required for O.T Procedures: \_\_\_\_\_
- \_\_\_\_\_



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25. In case of Blood Bank:

- i. Doctor/Incharge PMDC No: \_\_\_\_\_ ii. Valid upto: \_\_\_\_\_
- iii. Name: \_\_\_\_\_ iv. Father Name: \_\_\_\_\_
- v. Gender: \_\_\_\_\_ vi. Shift (Morning/ Evening/ Night) \_\_\_\_\_
- vii. Specialty: \_\_\_\_\_ viii. Availability (Full time/ on call): \_\_\_\_\_
- ix. Contact No: \_\_\_\_\_ x. Email: \_\_\_\_\_
- xi. In case of Govt Job:
  - b. Designation: \_\_\_\_\_ b. BPS (Pay scale): \_\_\_\_\_
  - c. Place of current posting (Govt health Facility): \_\_\_\_\_

26. Health/ Diagnostics facilities provided:

No.	Name	Total No's	PNRA Reg. No. (Only for C.T, X-ray, Angiography Unit)
1	Nursing/Maternity Home		
2	CT Scan		
3	MRI		
4	ECG		
5	ETT		
6	X-ray		
7	Labor Room		
8	Lithotripsy/Laser Facility		
9	Clinical Laboratory Category-D (Routine Test)		
10	Clinical Laboratory Category-C (Hematology)		
11	Clinical Laboratory Category-B		
12	Clinical Laboratory Category-A		
13	Ultra Sound Clinic		
14	Others (e.g. dialysis machines etc.)		

27. Total No. of Beds: \_\_\_\_\_ Total No. of Rooms/ wards: \_\_\_\_\_

28. Total No. of Ambulances: \_\_\_\_\_

(For additional details attach extra sheets on the following pattern for each Ambulance)

No.	Driver Name:	Contact No:	Ambulance Reg. No:
1			

29. Accident and Emergency Services (Yes/No): \_\_\_\_\_



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30. Waste Management arrangement details (e.g. incinerator, burial of waste etc.):

\_\_\_\_\_

31. Emergency Exits and Fire extinguishers arrangement in case of fire or other emergency

(Yes/ No): \_\_\_\_\_

32. Premises security arrangement details: \_\_\_\_\_

**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.

Signature of the Administrator: \_\_\_\_\_

**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: \_\_\_\_\_



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**ATTESTED COPIES OF THE FOLLOWING REQUIRED DOCUMENTS SHOULD BE ATTACHED TO THIS APPLICATION FORM FOR EACH PRACTITIONER/ FACILITY WHERE REQUIRED**

1. Professional Certificates and CNICs of Dr., Paramedics, Nurses
2. Two Passport size photographs of doctors
3. Dr. Pathology 6 Months Experience for Routine lab/ Ultra sound
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

**NOTE: ATTACH ADDITIONAL SHEET FOR DETAILS IF REQUIRED.**

- For fee details visit [www.hcc.gkp.pk](http://www.hcc.gkp.pk)
- For minimum services delivery standards for hospitals please visit [www.hcc.gkp.pk](http://www.hcc.gkp.pk)