

For Issuance of Registration Certificate

To,
The Chief Executive Officer
The Sindh Health Care Commission

Subject: **ISSUANCE OF REGISTRATION CERTIFICATE**

It is respectfully submitted that:

1. I am owner/manager of _____
teaching/non-teaching _____
bedded hospital _____ (address). _____
2. I applied for registration of the said hospital on prescribed format on dated ____ ____ ____
which was received by the Commission wide dairy No. _____ dated ____ ____ ____
/dispatched by courier services with receipt No. _____ dated ____ ____ ____
(copy enclosed).

It is required that the Registration Certificate may please be issued in favour of _____
without any further delay.

Thanks

Yours Sincerely

Owner/Manager of Health Care Establishment

Name _____

Address _____

Dated: ____ ____ ____

FOR OFFICE USE ONLY

- 1- Any objection on registration _____
- 2- Recommended for registration Yes/No. _____

Forwarded to the Director Licensing & Accreditation for approval

Registration approved
Director Licensing & Accreditation
Sindh Health Care Commission