



Sindh Healthcare Commission (SHCC)

APPLICATION FOR REGISTRATION

FOR HEALTHCARE ESTABLISHMENTS (HCE's)

NOTE

- Healthcare Establishments Are required To Complete This Form as Per Provisions of the Sindh healthcare commission act 2013.
- **Required Documents** (Pertaining To The Healthcare Service Provider)
 - CNIC
 - Copy Of Qualifications
 - Copy Of Valid Registration With The Relevant Council (PM&DC/PNC/NCH/NCT Or Any Other) If Applicable.
- Incomplete Forms will not be entertained.
- Provision of incorrect information/Documents will result in rejection of the application.
- **Return The Completed Form To: Director Licensing & Accreditation Sindh Health Care Commission, 2nd Floor Finance and Trade Center (FTC) Building Shahrah-e-Faisal, Karachi.**
- Questions Regarding Completion Of This Application May Be Directed To: Ph.021-38656000 Toll free: 0800 07422
- For further information, Please visit our website : www.shcc.org.pk and ra@shcc.org.pk

I. GENERAL INFORMATION

A. HEALTHCARE SERVICE PROVIDER

Name:		Designation: _____	
<input type="checkbox"/> Status:	<input type="checkbox"/> Owner	<input type="checkbox"/> Manager	<input type="checkbox"/> In-Charge
Qualification:		CNIC Number:	
Valid Registration No. PMDC/PNC/NCH/ NCT Or Any Other;			
Mailing address:			
Town/Taluka	City:	District:	
Landline:	Fax:	Email:	
Mobile:			

B. HEALTHCARE ESTABLISHMENT

Name:		Date of establishment at present	
Mailing address:			
Town/Taluka:	City:	District:	
Landline:	Fax:	Email:	
Mobile:			
Previous Name & Address(If any):			



Sindh Healthcare Commission (SHCC)

C. TYPE OF OWNERSHIP

(Please check the appropriate box)

Government	Others	
<input type="checkbox"/> District Government	<input type="checkbox"/> Sole proprietary	<input type="checkbox"/> Voluntary non-Profit
<input type="checkbox"/> Provincial Government	<input type="checkbox"/> Partnership	<input type="checkbox"/> Association
<input type="checkbox"/> Federal Government	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited liability Private
<input type="checkbox"/> Autonomous Institution	<input type="checkbox"/> Trust	<input type="checkbox"/> Limited liability Public

D. TYPE OF HEALTHCARE ESTABLISHMENT (Please check the relevant box)

- Teaching
- Non-Teaching
- Single specialty(Please specify): _____
- Multiple specialty
- Others

Gp Clinic / Homoeopathy / Hakim / Lab/ Collection Center / Radiological & Or Diagnostic imaging Center / Maternity or nursing home / Dental Clinic / Cosmetic surgery / Laser Clinic / Physiotherapist/ Acupuncturist/Another: _____

DECLARATION

I, The Undersigned, Do Hereby Solemnly Affirm and Declare that the information provided about HCE _____ is true and correct to the best of my knowledge and belief and that nothing has been concealed there from. I understand that if any false or incorrect information is provided to the commission, it may result in rejection of my application for Registration and I may also be found liable to pay fine to the commission. I further undertake to inform the commission in writing, within fifteen days of any addition/alteration made in the services/premises, at any time in future.

Name of applicant:	Designation:
Signature:	Date signed:

For Issuance of Registration Certificate

To,
Director Licensing & Accreditation
Sindh Health Care Commission

Subject: **ISSUANCE OF REGISTRATION CERTIFICATE**

It is respectfully submitted that:

1. I am owner/manager of _____
teaching/non-teaching _____
bedded HCE _____ (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