



**SINDH HEALTHCARE COMMISSION**  
Quality Care For All

# Standard Operating Procedures

Prepared by: Directorate of Licensing  
For Review\*\*

## List of Acronyms

Acronym	Description
BOC	Board of Commissioners
CEO	Chief Executive Officer
CG&T	Clinical Governance and Training
DLA	Directorate of Licensing and Accreditation
HCE	Healthcare Establishment
HSP	Health Service Provider
MIS	Management Information System
NCH	National Council of Homeopathy
NCT	National Council of Tibb
PM & DC	Pakistan Medical & Dental Council
PNC	Pakistan Nursing Council
PNRA	Pakistan Nuclear Regulatory Authority
SHCC	Sindh Healthcare Commission
SSDS	Sindh Service Delivery Standards

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## Introduction

The Sindh Healthcare Commission (SHCC) Bill, 2013, was passed by the Provincial Assembly of Sindh on 24th February, 2014. It assented to the Governor of Sindh on 19th March, 2014 to be published as an Act of the Legislature of Sindh. It was notified on 20th March 2014, in Karachi. The Act was promulgated:

- to make provision for the **improvement of access, equity, and quality of Healthcare Service**
- to **ban quackery** in all its forms and manifestations
- to **provide for ancillary matters** in the province of Sindh.

Directorate of Licensing & Accreditation is responsible to attain the most important and vital aim of the SHCC of **equitable quality health services** across the province of Sindh. Process of achieving this vital aim includes registration followed by licensing of every HCE, which ensures the healthcare services provided are aligned to the SSDS prescribed by SHCC U/S 4 (2) (a,b,c,d) of SHCC act, 2013.

## Definitions

### Healthcare Establishment

Healthcare establishment means a hospital, diagnostic centre, medical clinics, nursing home, maternity home, dental clinic, homeopathic clinic, Tibb clinic, acupuncture, physiotherapy clinic, pharmacy or any system of the treatment:

- (a) Wholly or partly used for providing healthcare services; and
- (b) Declared by Government, by order published in the official Gazette, as a healthcare establishment; Healthcare Service Provider.

### Healthcare Service Provider

Healthcare service provider means an owner, manager or in charge of a healthcare establishment and includes a person registered by the Pakistan Medical Dental Council, National Council for Tibb and Homeopathy or Nursing Council, pharmacy service provider.

### Sindh Service Delivery Standards

Include the minimum service delivery standards notified by Government of Sindh.

### License

Means license issued by the Commission under section 13 for the use of any premises or conveyance as a healthcare establishment.

### Commission

Means the Sindh Healthcare Commission.

### Licensee

Means a person/HCE to whom a license has been issued under SHCC Act.

## Purpose

Purpose of this Standard Operating Procedure manual is to provide step by step insight of the processes and procedures involved in Licensing of a HCE. It also aims to achieve efficiency, quality output and uniformity of performance of the directorate while reducing miscommunication and chances of failure to comply with SHCC Act and Regulations.

## Powers and Functions of Directorate of Licensing & Accreditation

1. To maintain register of all healthcare establishments/providers categorically on the prescribed format (Annex-A).
2. Appoint inspection teams to perform the functions and exercise powers of the Commission in relation to inspection and licensing of HCEs under SHCC Act, 2013.
3. Grant, revoke, suspend and renew licenses to persons/HCEs involved in provision of healthcare services.
4. Impose and collect fees and charges on licensing and accreditation under SHCC Act, 2013 (Annex-B)
5. Recommend fine which may extend up to 500,000 upon a healthcare service provider (HSP)/HCE who practices without registration U/S 13 (5) of the Act. The CEO of the commission shall take approval of the Board of Commissioners (BOC) U/S 9 (2) before imposing such fine.
6. Directorate may also recommend fine upto 50,000 upon a HSP/ licensee who fails to co-operate with the inspection team by refusing to furnish information required by the team without reasonable cause or giving misleading/false information U/S 22 (5) of SHCC Act 2013 or upon resistance to execution of duties assigned to inspection team by the Commission U/S 25 of SHCC Act.

7. Sealing of the HCE which fails to register within the notified period U/S 13 (2) of SHCC Regulations 2017/ fails to rectify deficiencies pointed out and conveyed in inspection report U/S 18 (2) of SHCC Regulations 2017.

## Process of Registration

**Under Section 13** of the Sindh Healthcare Commission Act 2013; a healthcare service provider cannot provide healthcare services in the province of Sindh without being registered under SHCC Act.

For the purposes of registration, every existing HSP/In-charge of HCE shall, within a period of ninety days of the coming into force of SHCC Act, apply for registration whereas any new HSP shall register himself before commencement of the healthcare services. Process of registration will be as following:

1. A person seeking to be registered as a HSP shall make an application to the Commission by using the form (**Annex C**) which can be obtained from SHCC Head Office or Regional Offices or SHCC website.
2. Registration application (Annex C) must be duly filled and accompanied by following documents.
  - Copy of CNIC
  - Copy of Qualification
  - Copy of valid registration with (PM&DC, PNC, NCH & NCT)
  - In case of multiple specialties valid registrations of all the HSPs
3. Application will then be reviewed for validity of registrations with respective council's i.e: PM&DC, PNC, NCH & NCT.
4. If an application fulfils requirements and validation, registration certificate will be issued upon prescribed format (Annex D) within thirty days of submission of application. Competent authority for issuing of registration certificate is Director Licensing. The registration certificates will be dispatched by SHCC office or could be collected by the applicant in person.
5. In case of missing information/documents, SHCC Office will communicate with the applicant via letter or telephonic call and subsequently turnaround time (TAT) of registration process will vary.

6. SHCC reserves the right to cancel registration any time if the practitioner is found to be involved in quackery practices/misrepresentation (i.e rent seeking of the registration certificate) and may initiate action against as per SHCC Act and Regulations.
7. SHCC registration department may also call the registered practitioner to SHCC office any time for verification/clarification of queries/complaints.
8. Only two clinics will be allowed for practice as independent General Practitioner (PMDC)/ General Homeopath (NCH)/ Hakeem (NCT).
9. Only three laboratories will be allowed to one pathologist to ensure quality services.
10. No healthcare facility will be registered with SHCC, except the services provided by HCPs having PMDC/NCH/NCT/NCH.
11. Qualified X-Ray technicians will be given registration for X-Ray films only subject to submission PNRA certificate for the facility. However prescription by the qualified practitioner will be essential to perform such services.
12. A healthcare facility will be registered with SHCC only under one scope of service i.e: PMDC or NCH or NCT or PNC.
13. Data of the HCE/HSP will be entered on the existing MIS.
14. If no correspondence initiated with the applicant within thirty days of submission of application, the applicant will be considered as having provisionally registered for 90 days U/S 12 (1) of the SHCC Act 2013.
15. The process of registration will be carried out free of cost.

### Exclusions

In case the applicant does not fulfil the requirement for registration (expired registration with council or ambiguity in the credentials or missing document), the same will be communicated to the applicant within thirty days of receipt of application. Failing to comply with such instructions, the HSP/HCE will be deemed as “Un-registered”.



## Process of Licensing

Licensing is a grant of permission issued to a HCE by the SHCC under the SHCC Act 2013 for the use of any premises or conveyance as a HCE. Licensing is a mandatory process and no HCE can function or operate without obtaining license from the SHCC. It focuses on the enforcement of SSDS for delivery of healthcare services. SSDS sets out standards that a HCE must observe and implement in order to operate and deliver quality healthcare services across province of Sindh.

### (a) Pre Inspection Process

- After registration the copy of SSDS will be provided to all registered HCE. Copy of SSDS can also be obtained from SHCC website.
- List of registered HCEs will be forwarded to Directorate of Clinical Governance & training (CG&T) for conducting training of the applicant/s on SSDS.
- CG&T will get nomination of at least two employees of the HCE regarding training on SSDS and conduct training of nominees as per their defined schedules.
- Directorate of CG&T will update the Directorate of Licensing & Accreditation (DLA) with training records for further process.
- Within 30 days of issuance of the registration certificate, the HCE can apply for provisional license U/S 15(1) on prescribed application (Annex E) accompanied documents and fees as mentioned in (Annex B).
- For the purpose of fees and implementation of various SSDS the registered HCEs will be categorized as under :
  - Category 1: HCEs with more than 50 beds
    - Category 1a: Above 300 beds
    - Category 1b: 251 to 300 beds
    - Category 1c: 201 to 250 beds
    - Category 1d: 151 to 200 beds
    - Category 1e: 101 to 150 beds
    - Category 1f: 51 to 100 beds
  - Category 2: HCEs with 1-50 beds
    - Category 2a: 25-50 beds
    - Category 2b: 1-24 beds
  - Category 3: HCEs with OPD services only for e.g single person clinics, polyclinics, homeopathic clinics, Tibb clinics, family welfare clinics, LHV clinics, maternity homes etc.
  - Category 4: Diagnostic and Imaging Centers.
  - Category 5: Pharmacies and Medical stores.
- All received provisional licensing applications will be reviewed and checked for documents attached to the application.
- Provisional Licensing fee in form of pay orders/ demand drafts will be submitted to Directorate of Finance for further submissions.

- DLA will maintain & update MIS of all provisional licensed HCEs applications and prepare monthly/quarterly inspection plans of HCEs considering dates of receiving of applications.
- DLA will then coordinate & communicate with HCEs for Inspection.
- The inspection team will be constituted U/S 2(xVIII) & 22(1) of SHCC Act, 2013 and U/S 24 of SHCC Regulations 2017.

#### Constitution of Inspection Teams

In pursuance to Section 2(xviii) of the SHCC Act;

- I. The Director Licensing & Accreditation will constitute inspection team(s) as per requirement, consisting of more than two duly enrolled medical experts and one Deputy Director Inspection of the Commission U/S 24(e) of SHCC Regulations 2017.
- II. A medical expert will be having post-graduate qualification in medical/public health/hospital administration and not less than fifteen years of experience in the concerned field in public/private sector.
- III. Advertisement in at least two newspapers will be made to invite applications for enrolment as medical expert of inspection team U/S 24(b) of SHCC Regulations 2017.
- IV. Interviews of the shortlisted candidates for medical experts with good repute will be conducted by a Committee constituted by the CEO and consisting of at least three Directors with the Director Licensing & Accreditation as Chair.
- V. Candidates shortlisted by CEO and Directors will be forwarded to Board of Commissioners/Human Resource Committee of the Board for final selection.

#### (b) Inspection Process

Authorization letter will be issued to the designated Inspection Team by Director Licensing and Accreditation to conduct inspection U/S of 22 of SHCC Act 2013 of the registered HCE after completion of pre-inspection process. An inspection team may also inspect the HCE upon receiving a complaint.

- DLA will give minimum one week notice to the HSP/In charge before commencement of inspection.
- First part of inspection will include verification of the information and documents provided in the application.
- Inspection team will assess the HCE as per SSDS.
- The inspection team will inspect any apparatus, appliance, equipment, instrument, product, goods or item used or found in, or any practice or procedure being carried out at the HCE in accordance with SSDS U/S 22(3)(4) & 24 of SHCC Act.

- If use of any apparatus, appliance, equipment, instrument, goods, or the carrying out of any practice/procedure in HCE will be found dangerous/ unsuitable for purpose for which it is used or carried out, the commission will impose fine upto 500,000 upon the HSP/HCE U/S 28 (1) of SHCC Act after providing adequate opportunity of hearing to explain the position and thereafter approval of the BOC U/S 9 (2) of SHCC Act.
- Any irregularity discovered during inspection possessing immediate threat to patient safety/life/health will be treated as critical and an immediate action including but not limited to sealing/ fine and or both, as recommended by the medical experts, will be taken.
- The inspection team will enquire if there has been any instance of maladministration, malpractice or failure in the provision of healthcare services.
- Inspection team will check the following records of HCEs during their inspection:
  - i. Patient Record U/S 33 of SHCC Regulations
  - ii. Staff Record U/S 34 of SHCC Regulations
  - iii. Any other record as indicated in MSDS.
- A HSP who will fail to co-operate with the inspection team or produce hindrance in the process of inspection, will be imposed a fine up to 50,000 U/S 22 (5) of SHCC Act.
- Deputy Director Inspection will compile a report at the end of inspection and submit to Director Licensing and Accreditation and send the copy of same to Director Monitoring and Evaluation.
- Director Licensing and Accreditation will convey any deficiency/violation etc to the in-charge of the HCE within 15 days of the inspection with direction to rectify same within given time frame.
- Follow-up inspections will be conducted on as and when required basis.

#### (c) Issuance of License

- If the HCE will score up to 60% in the required standards (SSDS) and above without any observation of critical practices or procedures, and upon verification of fee deposition by the Director Finance, Director Licensing & Accreditation will recommend application to CEO for approval of issuance provisional license.
- Provisional License will be issued by the CEO on prescribed format (Annex F) which will be valid for six months.
- The provisional license will be renewable for further six months subject to the application for renewal (Annex G) and payment of the prescribed fee at one month before expiry of the license.
- After at least three months of issuance of provisional license, HCE will be given 10 days intimation notice for inspection to re-inspect the facility for the deficiencies identified in previous inspection.

- If HCE will not comply on the SSDS/rectify the deficiencies within six months of the first inspection report then Director Licensing and Accreditation will recommend for action including fine up to 500,000 U/S 14 (2) of SHCC Act and or sealing down in total or in part as deemed appropriate.
- If the HCE has met the prescribed level of notified SSDS as conveyed in first inspection report, in-charge will apply for regular license on prescribed format (Annex H) along with prescribed fee.
- Upon satisfactory re-inspection report of the inspection team, DLA will recommend issuance of Regular License on prescribed format (Annex I) within 30 days of submission of the application for regular license.
- CEO will be the competent authority to issue Regular License which will be valid for a period of five years.
- Regular license will be renewed upon receiving of application (Annex J) and prescribed fee for renewal at least 3 months before expiry of the regular license subject to satisfactory inspection report.
- License (Provisional or Regular) should be displayed in HCE at a prominent place.
- Commission will inspect the HCE at any time to ensure continued implementation of the SSDS and regulations, guidelines, instructions and directives issued by commission time to time U/S 4 (2)(o), at least once an year after issuance of regular license.

### Terms and Conditions of License:

- License (provisional/regular) will be valid only until the period specified in license.
- License (provisional/regular) will be non-transferable.
- License will be displayed on a prominent place at the HCE to which license is issued.
- Licensee will comply with SSDS, SHCC Act and Regulations.
- Licensee will be responsible for action, activities, and undertakings of every person who provides or assists in providing diagnostic or therapeutic or any other service, medical or surgical procedures at licensed HCE.

### Revocation of License:

U/S 22 of SHCC Regulations, Commission reserves the right to revoke a License (Provisional or Regular) on the following basis:

- If the License obtained by fraud or misrepresentation.

- If the HCE found violating terms and conditions of a License issued by SHCC.
- Commission will provide show-cause notice to defaulter with 15 days period to clarify their position, along with chance of personal hearing before taking the stern action of revocation of License. Competent authority for revocation of license U/S 9 (2) of SHCC Act, 2013.

## Appeal against Revocation of License

A person who is aggrieved by the decision of Commission to suspend/revoke a license or refusal of commission to issue or renew a license can appeal in writing to the District and Session judge within thirty days of communication of such order.

## Sealing of Healthcare Establishment:

U/S 13 (2) of SHCC Act and U/S 18 (2) of SHCC Regulation, DLA may seal a HCE following the process described below:

- i. Inspection team will prepare memorandum of sealing on the prescribed format (Annex K) and will obtain signatures of the owner/manager/in-charge of the HCE as the case may be.
- ii. Team will ensure before sealing the premises that there are no such patients available within the premises who require immediate treatment (i-e Life threatening condition).
- iii. In case any such patient(s) are available, team will make necessary arrangements for immediate shifting of those patient(s) in order to safeguard life of patient(s).
- iv. Issue directions regarding any medicines or other perishable items found at the said premises, as deemed fit, for the purposes of protecting the same from expiring or decaying, as the case may be, if so, requested by any person or an employee present at the said premises.
- v. After locking and sealing the premises with SHCC Seal, the keys of the premises keys will be handed over to owner/manager/in-charge of HCE as the case may be. Receiving of same will be recorded.
- vi. In-case the owner/manager absconds/refuse to receive the key, the keys of sealed premises will be submitted to commission along with report.
- vii. Team will take copies/samples from the premises to be sealed, if required for the record/evidence purposes.

## De-Sealing of Healthcare Establishment:

The owner/manager of the sealed premises, who is not satisfied with the action of Inspection Team can seek remedy/file appeal u/s 30 (a, B) and 31 (1) (c, d, e) of SHCC Act 2013, 40, 55 and 62 of SHCC regulation 2017. If the Owner/Manager/In-charge of the HCE applies for the de-sealing of the site/ premises to be used for rendering healthcare services on the basis of the compliance of the directions issued by the team, may follow the procedure defined below U/S 55 of SHCC Regulations 2017:

- i. Submit de-sealing request in form of written application to the CEO SHCC, along with the copy of CNIC, affidavit, evidence of his/her relation to the HCE and evidence of compliance of the direction etc.
- ii. The CEO will mark the application to the Director Licensing & Accreditation.
- iii. Director Licensing & Accreditation will appoint an inspection team for verification of the compliance if deemed expedient by him.
- iv. Inspection team will submit report to Director Licensing & Accreditation and if satisfied, Director will issue orders for de-sealing and permitting such a HCE to start rendering healthcare services.
- v. If the measures claimed to be taken by the applicant are not verified by the inspection team, the CEO will reject the application upon recommendation of Director Licensing & Accreditation.
- vi. In any case, when none applies for the de-sealing/appears before the CEO the premises/ site will remain sealed till otherwise decided by the BOC.

## Annexures

### (A) Register of Healthcare Establishments



# SINDH HEALTH CARE COMMISSION

## Register of Health Care Establishments

Page No: \_\_\_\_\_

S.No	Name of HCE	Address	District	Category of HCE	Type of HCE	Name of Owner	Phone No. & Email

Registration Certificate		Provisional License				Regular License				Remarks
No	Date	Number	Issue Date	Expiry Date	Renewed up to	Number	Issue Date	Expiry Date	Renewed up to	

## (B) Licensing Fees for Healthcare Establishment

### **FEES**

The Fee Structure shall be as follows:

- a. The Registration shall be free of cost.
- b. The License Fee shall be non-refundable.
- c. The prescribed fee is to be submitted along with the application.
- d. The Board may grant discount in fee to a charitable HCE subject to submission of such an application supported by documentary evidence.

No	Healthcare Establishment	License Fee	
		Provisional	Regular
1	Hakeem Matab	1000	5,000
2	Homeopathic Clinic	1000	5,000
3	MCHC/ CMWs/ Nursing/ Maternity Home	1000	5,000
4	Family Physicians/ Single Man (GPs) Clinic	1000	5,000
5	Single Specialty Clinic	1000	10,000
6	Poly Clinic	5000	30,000
7	Dental Clinic (Single Chair)	1000	5,000
8	Dental Clinic (Multiple Chairs)	4000	20,000
<b>Diagnostic &amp; Imaging centers</b>			
9	Pathology Lab	2000	10,000
10	Main Lab having Collection Centers	5000	25,000
11	Collection Center	1000	5,000
12	X - Ray/ Imaging Center	2000	10,000
13	Pathology Lab + Imaging Center	4000	20,000
14	Pathology Lab/ Imaging center having CT Scan/ MRI/ Angio/ other advanced facilities	10,000	50,000
15	Cosmetic Surgery/ Hair Transplant/ Liposuction Centers	10,000	50,000
16	Pharmacies /medical stores	2000	10,000
<b>Cat. I Hospitals</b>			
17	a) Above 300 beds	30,000	500,000
18	b) 251 to 300 beds	25,000	250,000
19	c) 201 to 250 beds	20,000	200,000
20	d) 151 to 200 beds	15,000	150,000
21	e) 101 to 150 beds	10,000	100,000
22	f) 51 to 100 beds	5,000	50,000



Cat. II Hospitals			
20	a) 25 to 50 beds	3000	30,000
21	b) 01 to 24 beds	2000	20,000

(C) Registration Form for Healthcare Establishment

**APPLICATION FOR REGISTRATION  
FOR HEALTHCARE ESTABLISHMENTS (HCE's)  
Having Outdoor Facilities**

**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), if applicable.
- Duly filled Annexure A, B, C & D
- 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 Healthcare Commission 2<sup>nd</sup> Floor, Block-C, FTC building Shahrah-e-Faisal, Karachi.**
- Questions regarding completion of this application may be directed to: Ph.021-38656000, Toll Free: 080007422
- For further information, please visit our website: [www.shcc.org.pk](http://www.shcc.org.pk)

I. GENERAL INFORMATION			
A. HEALTHCARE SERVICE PROVIDER			
Name:		Designation:	
Status:	<input type="checkbox"/> Owner	<input type="checkbox"/> Manager	<input type="checkbox"/> In-charge
Qualification:		CNIC Number:	
Valid Registration No. PMDC/PNC/NCH/ NCT:			
Mailing Address:			
Town/Taluka		City:	District:

Landline:		Fax:	Email:
Mobile:			

### B. HEALTHCARE ESTABLISHMENT

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

### 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 <sup>1</sup>	<input type="checkbox"/> Partnership	<input type="checkbox"/> Association
<input type="checkbox"/> Federal Government	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Autonomous Institution	<input type="checkbox"/> Trust	<input type="checkbox"/> Limited Liability Company (Public)

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

☐ Single Specialty (please specify): \_\_\_\_\_

☐ Multiple Specialty

☐ Others

GP Clinic/Homeopath/Hakim/Lab/Collection Center/Radiological & Diagnostic Imaging Center /MaternityorNursingHome/DentalClinic/CosmeticSurgery/LaserClinic/Physiotherapist/Acupuncturist/\_\_\_\_\_

Any other: \_\_\_\_\_

### E. DEPARTMENTS/SERVICES PROVIDED BY THE HEALTHCARE ESTABLISHMENT

\_\_\_\_\_

S.No	Healthcare Services
.	

#### F. OTHER BRANCHES

S.No.	Name	Address	Contact No.	Services provided

#### G. SUMMARY OF STAFFING

Indicate number of full time (FT) and part time (PT) employees. (Attach additional pages if necessary).

S. No.	Category	FT	PT
01	Board Membership (if applicable)		
02	Management		
03	Consultants		
04	Medical Officers		
05	Nursing		
06	Support Services		
07	LHV		
08	Technicians		
09	Midwives		
10	Physiotherapy Assistants		
11	Receptionist		
12	Pharmacy		
13	Physiotherapist		
14	Occupational therapist		
15	Speech therapist		
16	Volunteers		
17	Others		
TOTAL			

## II. MANAGEMENT

### A. HCE MANAGER/ INCHARGE

Name:

Title:			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Joining: ____ / ____ / ____	Status: <input type="checkbox"/> Interim <input type="checkbox"/> Acting <input type="checkbox"/> Permanent
Email:		Phone Landline:	Mobile:
Does the HCE Manager/Incharge run more than one facility?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Name of facility, address and city:			
Professional and Educational Qualifications of the HCE Manager/Incharge:			

<b>B. PHARMACY INCHARGE</b> (If applicable)			
Name:		Date of Joining: ____ / ____ / ____	
Title:		Male/Female	
Email:	Landline:	Mobile:	
Professional and Educational Qualifications:			
<b>C. LABORATORY INCHARGE</b> (If applicable)			
Name:		Date of Joining: ____ / ____ / ____	
Title:		Male/Female	
Email:	Landline:	Mobile:	
Professional and Educational Qualifications			

## IV. OWNERSHIP

<b>A. APPLICANT (OWNER)</b>		
Identify person(s) or business entity having the authority to direct the management or policies of the facility.		
Name:		
Permanent Address:		
Mailing Address (if different from above):		
Building No.	Town:	City
Contact No.	Fax:	Email:
Name of Focal Person for SHCC:		
Designation of Focal Person:		

Landline:	Mobile:	Email:
Holding (what the owner owns)	<input type="checkbox"/> Operations	<input type="checkbox"/> Building <input type="checkbox"/> Land
<b>B. CHANGE OF OWNERSHIP</b>		
Previous owner's name:		
Address:		

<b>C. PARENT COMPANY INFORMATION</b>		
Is the applicant a subsidiary company, either wholly or partially owned by another organization or company?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, Provide the following information.		
Name of the Parent Company:		
Doing business as:		
Type of Ownership:		
Mailing Address:		
Email:	Telephone:	Contact Person:

## **DECLARATION**

**I, the undersigned, do hereby solemnly affirm and declare that the HCE**

Provides no indoor services and the information provided above 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 license 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.

<b>Signature</b>	<b>Name of Applicant:</b>
<b>Date Signed:</b>	<b>Designation:</b>

***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



## Information of Part Time Staff

[illegible]



## List of Electro-Medical Equipment

[illegible]

## List of Machinery & Transport

[illegible]

(D) Registration Certificate



## SINDH HEALTH CARE COMMISSION

No: \_\_\_\_\_

Dated: -----/-----2017

### **REGISTRATION CERTIFICATE**

This is certified that (Name of HCE), (Type of HCE), (Category), (Type of ownership) having indoor facilities with-----beds and situated at (Address), is hereby awarded “Registration Certificate” as Health Care Establishment (HCE) by the Sindh Health Care Commission under Section 13 of the Sindh Health Care Commission Act 2013.

The Certificate will remain valid for ninety days i.e. up to -----/-----2017; for completing codal formalities for obtaining License under the Act.

\_\_\_\_\_  
Addl. Director Licensing & Accreditation

\_\_\_\_\_  
Director Licensing & Accreditation

## (E) Provisional License Form

### For Issuance of Provisional License

To,  
The Chief Executive Officer,  
Sindh Health Care Commission  
2<sup>nd</sup> Floor, Block-C, FTC building Shahrah-e-Faisal, Karachi

Subject: **ISSUANCE OF PROVISIONAL LICENSE**

It is respectfully submitted that:

I am owner/manager of \_\_\_\_\_  
teaching/non-teaching \_\_\_\_\_ bedded hospital \_\_\_\_\_  
(address). \_\_\_\_\_

1. My HCE has been registered by SHCC vide Registration Certificate No. \_\_\_\_\_ dated \_\_\_\_\_.
2. The Inspection team of the Commission has also conducted the first inspection of my HCE on \_\_\_\_\_.
3. I have also deposited the prescribed fee for issuance of the Provisional License.

It is requested that the Provisional License may please be issued in favor of \_\_\_\_\_ HCE.

Thanks

**D.A**

Copies of

- 1-
- 2-
- 3-
- 4-

CNIC  
Registration Certificate  
Inspection Report  
Fee receipt

yours sincerely

Name: \_\_\_\_\_

Owner/Manager \_\_\_\_\_ I

Address: \_\_\_\_\_

Dated: \_\_\_\_\_

### **FOR OFFICE USE ONLY**

- 1- Amount due (in words) -----
- 2- Amount received (in words) -----
- 3- Difference if any (in words) -----
- 4- Deposit verified: Yes/No-----

**Signature of Director Finance**-----

5- Any objection on renewal-----

6- Recommended for renewal: Yes/No-----

Forwarded to the Chief Executive Officer for approval

**Signature of Director Licensing & Accreditation** -----

Approved

Chief Executive Officer  
Sindh Health Care Commission

(F) Provisional License Certificate



## SINDH HEALTH CARE COMMISSION

No: \_\_\_\_\_

Dated: -----/-----2017

### **PROVISIONAL LICENSE**

This is certified that (Name of HCE), (Type of HCE), (Category), (Type of ownership) having indoor facilities with-----beds and situated at (Address), is hereby awarded “Provisional License” under Section 16 &17 of the Sindh Health Care Commission Act 2013, for the purposes of provision of the following healthcare services:

1. General Medicine	2. Pediatrics	3. Clinical Laboratory
4. Radiology & Diagnostic Imaging	5. Blood Bank	6. Pharmacy
7.	8.	9.
10.	11.	12.
13.	14.	15.
16.	17.	18.
19.	20.	21.
22.	23.	24.

The License will remain valid for six months i.e. up to -----/-----2018.

The Licensee shall not use the health care establishment for any purpose other than those enunciated above. He shall report any addition/alteration/change in services/premises to the Commission forthwith and apply for amended license under the Act, Rules and Regulations within thirty days.



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Director Licensing & Accreditation

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Chief Executive Officer

## Renewal of Provisional License

### For Renewal of Provisional License

To,  
The Chief Executive Officer  
The Sindh Health Care Commission  
\_\_\_\_\_ (address)

Subject: **RENEWAL OF PROVISIONAL LICENSE**

It is respectfully submitted that:

1. I am owner/manager of \_\_\_\_\_ teaching/non-teaching\_\_\_\_\_ bedded hospital\_\_\_\_\_ (address).
2. My hospital was awarded the Provisional License by SHCC vide No.----- dated -----.
3. The said License is going to expire on -----
4. We could not meet the service delivery standards to qualify for Regular License due to -----but we are sure to achieve the landmark in near future.
5. We require renewal of our Provisional License to continue healthcare services under the law.
6. I have also deposited the prescribed fee for renewal of the Provisional License.
7. The details of change, if any, in terms of status of healthcare facilities, building/departments, staff & address and in comparison to the details already provided for the subject license , are attached herewith

It is requested that our Provisional License may please be renewed for a period of further six months.

Thanks

**D.A**

Copies of

- 1-
- 2-
- 3-

CNIC  
Provisional License  
Fee receipt

Yours sincerely

Mr. ABC  
Owner/Manager\_\_\_\_\_ Hospital (address)  
Dated: \_\_\_\_\_

### **FOR OFFICE USE ONLY**

- 1- Amount due (in words)-----
- 2- Amount received (in words)-----
- 3- Difference if any (in words)-----
- 4- Deposit verified: Yes/No-----
- Signature of Director Finance**-----
- 5- Any objection on renewal-----
- 6- Recommended for renewal: Yes/No-----

Forwarded to the Chief Executive Officer for approval

**Signature of Director Licensing & Accreditation** -----

## (G) Regular License Form

### For Issuance of Regular License

To,  
The Chief Executive Officer  
The Sindh Health Care Commission  
\_\_\_\_\_ (address)

Subject: **ISSUANCE OF REGULAR LICENSE**

It is respectfully submitted that:

1. I am owner/manager of \_\_\_\_\_ teaching/non-teaching \_\_\_\_\_ bedded hospital \_\_\_\_\_ (address).
2. My hospital has been awarded the Provisional License by SHCC vide No. \_\_\_\_\_ dated \_\_\_\_\_.
3. Our hospital has qualified for award of Regular License as per Inspection Report issued after the last inspection by your team on \_\_\_\_\_.
4. I have also deposited the prescribed fee for issuance of the Regular License.

It is requested that the Regular License may please be issued in favour of \_\_\_\_\_ hospital without any further delay.

Thanks

**D.A**

Copies of

- |    |                        |
|----|------------------------|
| 1- | CNIC                   |
| 2- | Provisional License    |
| 3- | Last Inspection Report |
| 4- | Fee receipt            |

Yours sincerely

Mr. ABC  
Owner/Manager \_\_\_\_\_ Hospital (address)  
Dated: \_\_\_\_\_

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### **FOR OFFICE USE ONLY**

- |   |                                      |
|---|--------------------------------------|
| 1-  | Amount due (in words) -----          |
| 2-  | Amount received (in words) -----     |
| 3-  | Difference if any (in words) -----   |
| 4-  | Deposit verified: Yes/No-----        |
| <b>Signature of Director Finance-----</b> |                                      |
| 5-  | Any objection on renewal-----        |
| 6-  | Recommended for renewal: Yes/No----- |

Forwarded to the Chief Executive Officer for approval

**Signature of Director Licensing & Accreditation -----**

Chief Executive Officer



(H) Regular License Certificate



# SINDH HEALTH CARE COMMISSION

No: \_\_\_\_\_

Dated: -----/-----2017

## **REGULAR LICENSE**

This is certified that (Name of HCE), (Type of HCE), (Category), (Type of ownership) having indoor facilities with-----beds and situated at (Address), is hereby awarded “Regular License” under Section 16 &17 of the Sindh Health Care Commission Act 2013, for the purposes of provision of the following healthcare services:

1. General Medicine	2. Pediatrics	3. Clinical Laboratory
4. Radiology & Diagnostic Imaging	5. Blood Bank	6. Pharmacy
7.	8.	9.
10.	11.	12.
13.	14.	15.
16.	17.	18.
19.	20.	21.
22.	23.	24.

The License will remain valid for five years i.e. up to -----/-----2022.

The Licensee shall not use the health care establishment for any purpose other than those enunciated above. He shall report any addition/alteration/change in services/premises to the Commission forthwith and apply for amended license under the Act, Rules and Regulations within thirty days.




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 Director Licensing & Accreditation

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 Chief Executive Officer

## (I) Renewal of Regular License

### For Renewal of Regular License

To,  
The Chief Executive Officer  
The Sindh Health Care Commission  
\_\_\_\_\_ (address)

Subject: **RENEWAL OF REGULAR LICENSE**

It is respectfully submitted that:

1. I am owner/manager of \_\_\_\_\_ teaching/non-teaching\_\_\_\_\_ bedded hospital\_\_\_\_\_ (address).
2. My hospital was awarded the Regular License by SHCC vide No.----- dated -----.
3. The said License is going to expire on -----
4. We require renewal of our Regular License to continue healthcare services under the law.
5. I have also deposited the prescribed fee for renewal of the Regular License.
6. The details of change, if any, in terms of status of healthcare facilities, building/departments, staff & address and in comparison to the details already provided for the subject license, are attached herewith

It is requested that our Regular License may please be renewed for a period of further five years.

Thanks

**D.A**

Copies of

- 1- CNIC
- 2- Existing Regular License
- 3- Fee receipt

Yours sincerely

Mr. ABC  
Owner/Manager\_\_\_\_\_ Hospital (address)  
Dated: \_\_\_\_\_

### **FOR OFFICE USE ONLY**

- 1- Amount due (in words)-----
- 2- Amount received (in words)-----
- 3- Difference if any (in words)-----
- 4- Deposit verified: Yes/No-----

**Signature of Director Finance**-----

- 5- Any objection on renewal-----
- 6- Recommended for renewal: Yes/No-----

Forwarded to the Chief Executive Officer for approval

**Signature of Director Licensing & Accreditation**-----

Renewal approved

Chief Executive Officer  
Sindh Health Care Commission

(J) Sealing Memo of Healthcare Establishment



## SINDH HEALTH CARE COMMISSION

Quality Care for All

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### Memorandum of Sealing Health Care Establishment (HCE) u/s 54 (1) SHCC Regulation 2017

Name of Practitioner/In-charge	Time of Visit	
Name of HCE	Date of Visit	
Address of HCE	Name of Medical Expert-2	
Name of Team Lead	Name of Member for LEA	
Name of Medical Expert-1	Name of concerned PS	

Category of HCE: Public \_\_\_\_\_ Private \_\_\_\_\_ Concerned Council \_\_\_\_\_

The undersigned visited the Health Care Establishment U/S 22(2), 4(2)(o) and 2(18) of SHCC Act, During visit, the inspection team found serious negligence/non-compliance which may cause threat to life of patient. The Healthcare Establishment is hereby sealed U/S 54 of SHCC Regulation 2017.

S.No	Observations	Action Taken
1	Is there any patient available at the HCE during visit?	
2	Is there any patient available for immediate treatment and management at the HCE?	
3	If observation 1&2 correct team made necessary arrangements for shifting patients (Annex-B)	
4	If there is any medicine/ perishable items available at HCE which is near to expire.	
5	If above observation 04 is correct, the team issued directions for protecting the same (Annex-C)	
6	Keys of sealed HCE handed over to the owner/manager/practitioner of HCE (Annex-D)	
7	If owner/manger/practitioner of HCE refuse to receive keys or absconds, the team lead will secured keys for onward submission to Directorate Licensing Accreditation (DLA)of SHCC (Annex-D).	
8	Is there any person available to participate in investigation as a witness against sealed facility?	
9	If witness agrees, statement of witness recorded and attached as annexure (Annex-A)	
10	Registration number with SHCC and date of registration	

The team lead took actions under SHCC Act and Regulations and seal HCE/ portion in presence of members, prepared memorandum 54 (1) of SHCC Regulation 2017 and keys handed over to owner/DLA-SHCC for record. Member of Law enforcement agency shall ensure the compliance of sealed facility till further orders.

Findings	Observations / Comments
<input type="checkbox"/> Sub standard services <input type="checkbox"/> Sub standard <input type="checkbox"/> OT/Equipments <input type="checkbox"/> Beyond scope <input type="checkbox"/> Non qualified staff <input type="checkbox"/> Poor IPC <input type="checkbox"/> Others	

Signature of Team lead	Signature of Medical Expert	Name and Signature of Owner/in-charge/ Manger/ Proprietor	Name, Designation and Signature of LEA
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NOTE	
1)	Process fees / penalty shall only be submitted in favor of SHCC through demand draft / pay order / challans.
2)	SHCC <b>does not accept any cash payments</b> for any process.
3)	For information / complaints of please visit SHCC website <a href="http://www.shcc.org.pk">www.shcc.org.pk</a>

Head Office : 2nd Floor, Block C, FTC Building, Shahrah-e-Faisal, Karachi.  
Tel : 021-38656000, Fax : 021-38565000, UAN : 021-111-117-422