

For Issuance of Provisional License

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

Subject: **ISSUANCE OF PROVISIONAL LICENSE**

It is respectfully submitted that:

1. I am owner/manager of _____
2. teaching/non-teaching _____ bedded hospital _____
(Address). _____
3. My HCE has been registered by SHCC vide Registration Certificate No. _____ dated _____
4. The Inspection team of the Commission has also conducted the first inspection of my HCE on _____
5. 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 favour of _____ HCE.

Thanks

D.A

Copies of

- 1- CNIC
- 2- Registration Certificate
- 3- Inspection Report
- 4- Fee receipt

yours sincerely

Name: _____

Owner/Manager _____

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-----

Forwarded to the Chief Executive Officer for approval

Signature of Director Licensing & Accreditation -----

Approved

Chief Executive Officer
Sindh Health Care Commission