

Bank Copy

**SINDH HEALTHCARE COMMISSION**

Quality Care for All

PAYABLE AT ANY NBP BRANCH

Branch Code: _____ Date: _____

Branch Name: _____ S.No _____

Transaction to be done by using Cash Management System- CPRL

Cash ☐ Pay order ☐ No. _____ Date: _____

Name/ Healthcare Establishment (HCE) _____

CNIC # _____

Particulars Rs.

Categories of Fee / Fine	
1. Directorate of Licensing & Accreditation	
i. Registration fee	
ii. Provisional license fee	
iii. Regular license fee	
iv. Penalty (Fine)	
2. Directorate of Anti-Quackery	
i. Processing fee	
ii. Penalty (Fine)	
3. Directorate of Complaints	
i. Fee	
ii. Penalty (Fine)	
4. Any other Directorate	
i. Fee	
ii. Penalty (Fine)	
5. NBP Service Charges	200
Amount In Figures(Rs.)	

Amount In Words _____

Depositor's Information:**Name:** _____**Contact #:** _____SHCC
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Depositor's Information:**Name:** _____**Contact #:** _____Customer
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Amount In Figures(Rs.)	

Amount In Words _____

Depositor's Information:**Name:** _____**Contact #:** _____

REGISTRATION FEE SCHEDULE

No	Category	Registration Fee	No	Category	Registration Fee	No	Category	Registration Fee
1	Single Specialty (i.e General Practitioner, Homeo, Tibb, Dentist, Nursing/ Maternity home, Laboratories, Radiology Centre etc. (Category III& IV)	500	1	Single Specialty (i.e General Practitioner, Homeo, Tibb, Dentist, Nursing/ Maternity home, Laboratories, Radiology Centre etc. (Category III& IV)	500	1	Single Specialty (i.e General Practitioner, Homeo, Tibb, Dentist, Nursing/ Maternity home, Laboratories, Radiology Centre etc. (Category III& IV)	500
2	01-24 bedded Medical Centre/Hospital (Category II-B)	2000	2	01-24 bedded Medical Centre/Hospital (Category II-B)	2000	2	01-24 bedded Medical Centre/Hospital (Category II-B)	2000
3	25 and above bedded Hospital (Category I &II-A)	5000	3	25 and above bedded Hospital (Category I &II-A)	5000	3	25 and above bedded Hospital (Category I &II-A)	5000
4	Any change in the already registered HCE	1000	4	Any change in the already registered HCE	1000	4	Any change in the already registered HCE	1000

LICENSE FEE SCHEDULE

No	Healthcare Establishment	Provisional	Regular	No	Healthcare Establishment	Provisional	Regular	No	Healthcare Establishment	Provisional	Regular
1	Hakeem Matab	1000	5000	1	Hakeem Matab	1000	5000	1	Hakeem Matab	1000	5000
2	Homeopathic Clinic	1000	5000	2	Homeopathic Clinic	1000	5000	2	Homeopathic Clinic	1000	5000
3	MCHC/ CMWs/ Nursing/ Maternity Home	1000	5000	3	MCHC/ CMWs/ Nursing/ Maternity Home	1000	5000	3	MCHC/ CMWs/ Nursing/ Maternity Home	1000	5000
4	Family Physicians/ Single Man (GPs) Clinic	1000	5000	4	Family Physicians/ Single Man (GPs) Clinic	1000	5000	4	Family Physicians/ Single Man (GPs) Clinic	1000	5000
5	Single Specialty Clinic	1000	10,000	5	Single Specialty Clinic	1000	10,000	5	Single Specialty Clinic	1000	10,000
6	Poly Clinic	5000	30,000	6	Poly Clinic	5000	30,000	6	Poly Clinic	5000	30,000
7	Dental Clinic (Single Chair)	1000	5000	7	Dental Clinic (Single Chair)	1000	5000	7	Dental Clinic (Single Chair)	1000	5000
8	Dental Clinic (Multiple Chairs)	4000	20,000	8	Dental Clinic (Multiple Chairs)	4000	20,000	8	Dental Clinic (Multiple Chairs)	4000	20,000
Diagnostic & Imaging centers				Diagnostic & Imaging centers				Diagnostic & Imaging centers			
9	Pathology Lab	2000	10,000	9	Pathology Lab	2000	10,000	9	Pathology Lab	2000	10,000
10	Main Lab having Collection Centers	5000	25,000	10	Main Lab having Collection Centers	5000	25,000	10	Main Lab having Collection Centers	5000	25,000
11	Collection Center	1000	5000	11	Collection Center	1000	5000	11	Collection Center	1000	5000
12	X- Ray/ Imaging Center	2000	10,000	12	X- Ray/ Imaging Center	2000	10,000	12	X- Ray/ Imaging Center	2000	10,000
13	Pathology Lab + Imaging Center	4000	20,000	13	Pathology Lab + Imaging Center	4000	20,000	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	14	Pathology Lab/ Imaging center having CT Scan/ MRI/ Angio/ other advanced facilities	10,000	50,000	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	15	Cosmetic Surgery/ Hair Transplant/ Liposuction Centers	10,000	50,000	15	Cosmetic Surgery/ Hair Transplant/ Liposuction Centers	10,000	50,000
16	Pharmacies /medical stores	2000	10,000	16	Pharmacies /medical stores	2000	10,000	16	Pharmacies /medical stores	2000	10,000
Cat. I Hospitals				Cat. I Hospitals				Cat. I Hospitals			
17	a) Above 300 beds	30,000	500,000	17	a) Above 300 beds	30,000	500,000	17	a) Above 300 beds	30,000	500,000
18	b) 251 to 300 beds	25,000	250,000	18	b) 251 to 300 beds	25,000	250,000	18	b) 251 to 300 beds	25,000	250,000
19	c) 201 to 250 beds	20,000	200,000	19	c) 201 to 250 beds	20,000	200,000	19	c) 201 to 250 beds	20,000	200,000
20	d) 151 to 200 beds	15,000	150,000	20	d) 151 to 200 beds	15,000	150,000	20	d) 151 to 200 beds	15,000	150,000
21	e) 101 to 150 beds	10,000	100,000	21	e) 101 to 150 beds	10,000	100,000	21	e) 101 to 150 beds	10,000	100,000
22	f) 51 to 100 beds	5,000	50,000	22	f) 51 to 100 beds	5,000	50,000	22	f) 51 to 100 beds	5,000	50,000
Cat. II Hospitals				Cat. II Hospitals				Cat. II Hospitals			
23	a) 25 to 50 beds	3,000	30,000	23	a) 25 to 50 beds	3,000	30,000	23	a) 25 to 50 beds	3,000	30,000
24	b) 01 to 24 beds	2,000	20,000	24	b) 01 to 24 beds	2,000	20,000	24	b) 01 to 24 beds	2,000	20,000
Directorate of Anti -Quackery				Directorate of Anti -Quackery				Directorate of Anti -Quackery			
25	Processing fee	5,000		25	Processing fee	5,000		25	Processing fee	5,000	
26	Penalty	As per SHCC approval		26	Penalty	As per SHCC approval		26	Penalty	As per SHCC approval	

REGISTRATION FEE SCHEDULE

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