

**AFFIDAVIT FROM HEALTHCARE PROFESSIONAL**

I \_\_\_\_\_ S/D/W/O \_\_\_\_\_ resident of \_\_\_\_\_

\_\_\_\_\_ having CNIC # \_\_\_\_\_ contact # \_\_\_\_\_

do hereby solemnly affirm and declare that I am registered with federal council (PM&DC/PNC/NCH/NCT) as

\_\_\_\_\_ and my registration No is \_\_\_\_\_ that is valid up to \_\_\_\_\_

I provide my services (mention services) 1 \_\_\_\_\_ 2 \_\_\_\_\_

3 \_\_\_\_\_ at (HCE name) \_\_\_\_\_ situated at

(address) \_\_\_\_\_ Tehsil \_\_\_\_\_

District \_\_\_\_\_

My timings at this HCE are from \_\_\_\_\_ to \_\_\_\_\_ on days from \_\_\_\_\_ to \_\_\_\_\_

I provide my services at following other HCEs:

1 HCE name \_\_\_\_\_ address \_\_\_\_\_

Timings from \_\_\_\_\_ to \_\_\_\_\_ days from \_\_\_\_\_ to \_\_\_\_\_

2 HCE name \_\_\_\_\_ address \_\_\_\_\_

Timings from \_\_\_\_\_ to \_\_\_\_\_ days from \_\_\_\_\_ to \_\_\_\_\_

The copies of my CNIC, degree/diploma and updated registration with Federal Council (PMC/PNC/NCH/NCT) are being submitted to IHRA and are true copies of my original documents.

I also solemnly affirm and declare that I shall abide by all rules and regulations of the Islamabad Healthcare Regulatory Authority.

The contents of the above mentioned affidavit are true and correct to the best of my knowledge and nothing have been concealed therein.

Deponent:

Name:

CNIC #: