



PRCS-DMLC Building (2nd Floor) Sufi Tabassum Road, H-8/2, Islamabad. Ph: 051-9199902

Form No: REG/IHRA/2024/____

APPLICATION FOR REGISTRATION HAVING "NO INDOOR FACILITY"

Healthcare Establishments are required to complete this form as per requirements of the provision under Section 21 of the Islamabad Healthcare Regulations Act, 2018.

A. HEALTHCARE ESTABLISHMENT				
Name of the Healthcare Establishment:		Date of establishment at present		
		location:		
		D D -	M M - Y Y	
Previous Name (if any):				
Mailing address of Healthcare Establishment		Longitude:		
(HCE):		g		
		Latitude:		
		Latitude.		
Landline:		Mobile:		
Email address:		Wiodiic.		
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B. TYPE OF HEALTHCAR	E ESTABLISH	MENT		
☐ GP Clinic			☐ Homeopath	
☐ Single speciality	☐ Imaging La	ıb	☐ Hakeem	
☐ Poly Clinic	□ Collection (Center	☐ Acupuncturist	
☐ Laser Clinic	☐ Dental Clin		☐ Physiotherapist	
☐ Cosmetic Surgery Clinic	☐ Maternity I	Home	Others	
☐ Pathology Lab	□ Nursing Ho	ome		
☐ Rehabilitation Center	□ Sliming Ce	nter		
C. TYPE OF OWNERSHIP				
☐ Sole Proprietorship		☐ Voluntary Non-Profit		
☐ Partnership	-			
☐ Corporation		☐ Limited Liability Company (Pvt)		
☐ Trust		☐ Limited Liability Company		
		(Public)		





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D. APPLICANT DETAILS				
Name of Healthcare Service Provider:				
Designation:				
Status: Owner Manager In-charge				
Qualification:				
PMDC/PNMC/NCH/NCT Registration No:				
CNIC No:				
Mailing Address:				
Mailing Address:				
Landline:	Mobile			
Email:				
E. OWNERSHIP DETAILS				
Name:				
Qualification:				
CNIC No:				
Mailing Address:				
Landline: Mobil	e			

Required Documents:

- Copy of CNIC of applicant
- Declaration attached to this application (Page # 3) should be signed and stamped.
- Affidavit by the Healthcare Service Provider on Stamp Paper of Rs. 50/- issued in his/her name if the Healthcare Service Provider is not the owner.
- Copy of registration of the relevant councils.
- Appendixes A, B and C to be completed
- Fee Deposited Receipt (Refer to Appendix-D)





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Instructions:

- Fee to be deposited in Islamabad Healthcare Regulatory Authority (IHRA) Current Account No. 1150420000481 in Askari Bank Limited, Kamran Center Branch, Islamabad
- Each page shall be signed and stamped by the applicant
- Incomplete Form will not be entertained
- Provision of incorrect information/documents will result in rejection of application.
- Return the completed Form to:

Director Registration, PRCS-DMLC Building (2nd Floor) Sufi Tabassum Road, H-8/2, Islamabad.

(For queries regarding completion of the application, please contact IHRA **Ph: 051-9199902** 8:30 am to 4:30 pm working days only)

DECLARATION BY HEALTHCARE ESTABLISHMENT

I, undersigned, do hereby solemnly affirm and declare that the HCE (Name of HCE)

provides services as above, and that the information provided above is true and correct to the best of my knowledge and belief and that nothing has been concealed therefrom. I also state that if any false or incorrect information is provided to the Authority, it may result in the rejection of my application for registration and I may also be found liable to pay fine to the Authority.

Signature:	Name of Applicant:
Date Signed:	Designation:





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Appendix A: Information of Full Time Doctors/Staff

Name	Designation	Registration NO (PMDC/PNMC/ NCH/NCT/PMF)	Contact Information





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Appendix B: Information of Part Time Doctors/Staff

Name	Designation	Registration NO (PMDC/PNMC/ NCH/NCT/PMF)	Contact Information
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Appendix C: List of Machinery & Equipment

Sr. No	Name of Equipment	Туре	Model	Functional/ Non-Functional





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