





# Punjab Healthcare Commission

## C. TYPE OF ORGANIZATION

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

\*Provincial government includes Social Security, Au qaf department & family planning department etc

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

- Teaching
- Non-Teaching
- Single Specialty (please specify): \_\_\_\_\_
- Multiple Specialty \_\_\_\_\_
- Others \_\_\_\_\_

## E. BED STRENGTH

Number of Beds: \_\_\_\_\_

## DECLARATION

I, the undersigned, do hereby solemnly affirm and declare that the HCE \_\_\_\_\_ provides 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 therefrom. I also state 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.

Signature	Name of Applicant:
Date Signed:	Designation:







