



**GOVERNMENT OF PAKISTAN**  
**ALLIED HEALTH PROFESSIONALS COUNCIL**

Ex. PHRC Building, Shahrah-e-Jamhuriat, Opp. Radio Pakistan,  
Sector G-5/2, Islamabad.  
Ph: (051) 9216775; 9217146; 9207386 Ext. 20



**REGISTRATION FORM-A**  
**(ONLY FOR INSTITUTIONS)**

Name of Institution: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tehsil \_\_\_\_\_ District: \_\_\_\_\_ Province: \_\_\_\_\_

Number of Allied Health Disciplines offered by the Institute/university Administrative Control:  
Public/Private/ Semi Government/Trust/ Any other.

Estimated number of students enrolled \_\_\_\_\_

**Details of disciplines:**

1.		11.		21.		31.	
2.		12.		22.		32.	
3.		13.		23.		33.	
4.		14.		24.		34.	
5.		15.		25.		35.	
6.		16.		26.		36.	
7.		17.		27.		37.	
8.		18.		28.		38.	
9.		19.		29.		39.	
10.		20.		30.		40.	

**Date of Establishment:** DD \_\_\_\_\_ MM \_\_\_\_\_ YYYY \_\_\_\_\_

**Fee Details:**

Fee Deposit Slip No: \_\_\_\_\_ Date: \_\_\_\_\_ Amount (Rs.): \_\_\_\_\_  
(AHPC Registration Fee is non-refundable)

Name of the Head of Institution/CEO/Owner: \_\_\_\_\_

Gender: Male  Female  CNIC: \_\_\_\_\_

Qualification: \_\_\_\_\_

Email: \_\_\_\_\_ website: \_\_\_\_\_ Contact No(s): \_\_\_\_\_

**Declaration:** By signing below, I solemnly declare that the above provided information is true according to best of my knowledge and believe and there is nothing kept hidden from the authority.

**Institutional Seal/stamp:**

\_\_\_\_\_  
Signature of the Head of Institution

**FOR OFFICE USE ONLY**

**Decision:** Approved  Revision Required  Not Approved

**Registration No.** \_\_\_\_\_ **Remarks (if any):** \_\_\_\_\_

Signature with Stamp