



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

Ex. PHRC Building, Shahra-e-Jamhuriat, Opp. Radio Pakistan,  
Sector G-5/2, Islamabad.

Ph: (051) 9216775; 9217146; 9207386 Ext. 20



**REGISTRATION FORM-D**  
**OVERSEAS APPLICANTS (AHPs WORKING ABROAD)**

Paste your recent  
Passport Size  
Photo

Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Title of Degree / Diploma / Certificate \_\_\_\_\_

Duration (years): \_\_\_\_\_ Passing / Completion Year: \_\_\_\_\_

Name of Institution (where studied) : \_\_\_\_\_

First Time Registration      Yes       No       (If No) Registration No. \_\_\_\_\_

Expiry date of last Registration (if applicable):    DD \_\_\_\_ MM \_\_\_\_ YYYY \_\_\_\_\_

Fee Deposit Slip No: \_\_\_\_\_ Date: \_\_\_\_\_ Amount (USD): \_\_\_\_\_  
(All fees are Non-Refundable)

CNIC: \_\_\_\_\_ Date of Birth: DD \_\_\_\_ MM \_\_\_\_ YYYY \_\_\_\_\_

NICOP (if applicable) : \_\_\_\_\_ Gender: \_\_\_\_\_

Passport No. \_\_\_\_\_ Email: \_\_\_\_\_

Name of Institution where employed \_\_\_\_\_

Designation \_\_\_\_\_ Contact No(s). \_\_\_\_\_

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

Name of the country / place abroad applying for: \_\_\_\_\_

**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. If any information / act found false / objectionable, at later stage the Council reserves the right to take legal action against me.

\_\_\_\_\_  
Signature of Applicant

**FOR OFFICE USE ONLY**

**Decision:**    Approved     Revision Required     Not Approved

**Registration issued upto:**

**from:**      DD \_\_\_\_ MM \_\_\_\_ YYYY \_\_\_\_\_      **to:**      DD \_\_\_\_ MM \_\_\_\_ YYYY \_\_\_\_\_

**Remarks (if any):** \_\_\_\_\_

\_\_\_\_\_  
Signature & Stamp of Authorized Officer

**GUIDELINES FOR THE OVERSEAS APPLICANT  
AND PERSON WHO INTEND TO GO ABROAD**

**OVERSEAS APPLICANTS**

1. The Overseas applicant can apply for registration of AHPC as Allied Health professionals  
Following documents are required

- Form D (application form)
- Scanned copy of Passport
- Digital photo of the applicant
- Scanned copy of CNIC/NICOP
- Scanned copies of educational documents (SSC, HSSC, and Degrees)
- The terminal degree or for which registration required must be attested by Higher Education Commission and Foreign Office.
- Proof of submitted fee

S.#	Certificate/diploma/degree	Fee
1	For 01 year	100 USD
2	For 03 year	250 USD
3	For 05 year	400 USD

**PERSONS WHO INTEND TO GO ABROAD**

2. The persons intend to go abroad can also be registered in AHPC

- Form D (application form)
- Scanned copy of Passport
- Scanned copy of CNIC/NICOP
- Digital photo of the applicant
- Scanned copies of educational documents (SSC, HSSC, and Degrees)
- The terminal degree or for which registration required must be attested by Higher Education Commission and Foreign Office.
- Proof of submitted fee

S.#	Title of degree (For 03 years)	Fee (Rs)
1	Certificate holder	3000
2	Diploma holder	6000
3	Degree (undergraduate, BS, M.Sc.) holder	9000
4	Post Graduate (MS, PhD) holder	12000

**Askari Bank Ltd.**

Account Title: **AHPC Fund and Collection Account**  
Account Number: **058189000025**  
Branch: **OPF Sub-branch of F-7 Branch, Islamabad**  
IBAN: **PK32ASCM0000581890000025**

**Muslim Commercial Bank (MCB)**

Account Title: **AHPC Fund and Collection**  
Account Number: **1522917891003398**  
IBAN: **PK27MUCB1522917891003398**