



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-E
APPLICATION FOR THE CERTIFICATE OF
GOOD STANDING

Paste your
recent
Passport Size
Photo

Registration No. _____

Name of Professional: _____

Father's Name: _____

Fee Deposit Slip No: _____ Date: _____ Amount: _____
(Fee Rs. 3000/- Non-refundable / Non- Transferable)

CNIC: _____ Date of Birth: DD ____ MM ____ YYYY ____

Passport No: _____ Email: _____

NICOP (if applicable) : _____ Gender: _____

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