



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

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

Ph: (051)9216791; 9207367; 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**