

Annexure 1

AFFIDAVIT FROM HEALTHCARE PERSONNEL

I.....S/D/W/Oresident of

.....having CNIC #.....contact #

do hereby solemnly affirm and declare that I am registered with federal council (PM&DC/PNC/NCH/NCT) as

..... and my registration # is that is valid up to

I provide my services (mention services) 1..... 2..... 3.....

at (HCE name) situated at (address)

..... Tehsil District.....

My timings at this HCE are from to on days from to

I declare that I do not provide my services in addition to the above mentioned HCE **Yes** **No**

I provide my services at following other HCEs

1. HCE name..... address
timings from to days from to

2. HCE name..... address
timings from to days from to

3. HCE name..... address
timings from to days from to

The copies of my CNIC, degree/diploma and updated registration with federal council (PM&DC/PNC/NCH/NCT) are being submitted to PHC and are true copies of my original documents.

I also solemnly affirm and declare that I shall abide by all rules and regulations of the Punjab Healthcare Commission.

Deponent

The contents of the above mentioned affidavit are true and correct to the best of my knowledge and nothing have been concealed therein.

Deponent