

Application Type \(\subseteq \)	lew Renewal
Form N o.	
Date of Submission:	//_

Name:							
Address:	Name: _ Address	3	S/O D/O	Gender:	O Male O Female		
Address:			OCCUPANCY IN	IFORMATION			
a) Plot Size: Covered Area: Building: Own O Rental b) Construction Type	Address	s·					
b) Construction Type							
C) Type of Health Club	a)	Plot Size: Covered Area: Building: Own O Rental					
d) Number of Shifts: e) Number of Users per Shift: f) Number of Professional Body Builders: SAFETY MEASURES Evacuation Plan Displayed	b)	Construction Type ☐ Steel ☐ Concrete ☐ Bricks Only					
SAFETY MEASURES Evacuation Plan Displayed	c)	Type of Health Club Gym Health Spa Other					
SAFETY MEASURES Evacuation Plan Displayed Yes No Qualified Physician Yes No First Aid Box Yes No Health Technician Yes No Fire Extinguisher Yes No Physiotherapist Yes No Training of Staff Yes No AED (if any) Yes No MBBS - HEALTH TECHNICIAN -PHYSIOTHERAPIST Name: S/O D/O: Gender: O Male O Female Age: CNIC: Certification: DECLARATION I, S/O D/O Holding CNIC# Hereby confirm that the information I provided above is authentic correct and best of my knowledge.I agree to abides by rules and regulations of "Punjab Health Clubs Regulations 2025 that may comes into force from time to time. I also agree that my registration can	d)	Number of Shifts: e) Number of Users per Shift:					
Evacuation Plan Displayed Pes No Qualified Physician Pes No First Aid Box Pes No Health Technician Pes No Physiotherapist Pes No Physiotherapist Pes No AED (if any) Pes No AED (if any) Pes No MBBS - HEALTH TECHNICIAN -PHYSIOTHERAPIST Name: S/O D/O: Gender: O Male O Female Age: CNIC: Certification: PECLARATION I S/O D/O Holding CNIC# Hereby confirm that the information I provided above is authentic correct and best of my knowledge. I agree to abides by rules and regulations of "Punjab Health Clubs Regulations 2025 that may comes into force from time to time. I also agree that my registration can	f)	Number of Professional Body Builders:					
First Aid Box	SAFETY MEASURES						
First Aid Box	Evacua	ation Plan Displaye	ad ☐ Yes ☐ No	Qualified Physician	☐ Yes ☐ No		
Fire Extinguisher				•	□ Vaa □ Na		
Training of Staff Yes No AED (if any) Yes No	FIRST A	la Box		Health Technician	L Yes LINO		
MBBS - HEALTH TECHNICIAN -PHYSIOTHERAPIST Name: S/O D/O: Gender: O Male O Female Age: CNIC: Certification: DECLARATION I, S/O D/O Holding CNIC# Hereby confirm that the information I provided above is authentic correct and best of my knowledge.I agree to abides by rules and regulations of "Punjab Health Clubs Regulations 2025 that may comes into force from time to time. I also agree that my registration can	Fire Ex	tinguisher	☐ Yes ☐ No	Physiotherapist	☐ Yes ☐ No		
Name: S/O D/O: Gender: O Male O Female Age: CNIC: Certification: DECLARATION I, S/O D/O Holding CNIC# Hereby confirm that the information I provided above is authentic correct and best of my knowledge.I agree to abides by rules and regulations of "Punjab Health Clubs Regulations 2025 that may comes into force from time to time. I also agree that my registration can	Training	g of Staff	☐ Yes ☐ No	AED(if any)	☐ Yes ☐ No		
Age: CNIC: Certification: DECLARATION I, S/O D/O Holding CNIC# Hereby confirm that the information I provided above is authentic correct and best of my knowledge.I agree to abides by rules and regulations of "Punjab Health Clubs Regulations 2025 that may comes into force from time to time. I also agree that my registration can	MBBS - HEALTH TECHNICIAN -PHYSIOTHERAPIST						
DECLARATION I, S/O D/O Holding CNIC# Hereby confirm that the information I provided above is authentic correct and best of my knowledge. I agree to abides by rules and regulations of "Punjab Health Clubs Regulations 2025 that may comes into force from time to time. I also agree that my registration can	Name:	me:		: O Male O Female			
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Owner Name							
Signature							
Date:							
Date:/							

ATTACH FOLLOWING DOCUMENTS ALONG WITH APPLICATION

- a) Copy of CNIC of Owner
- b) Valid PMDC License
- e) Previous Certificate (For Renewal)

- c) Layout of Health Club
- d) Training Certificates