Health Club Application Form

Application Type ☐ New ☐ Renewal

Form N o. _____

Date of Submission: ___ /___ /___

Name: _____ S/O D/O _____ Gender: O Male O Female

Address _____ Mobile: _____

OCCUPANCY INFORMATION

Address: _____ No.of Floors: _____

a) Plot Size: _____ Covered Area: _____ Building: ○ Own O Rental

b) Construction Type ☐ Steel ☐ Concrete ☐ Bricks Only

c) Type of Health Club ☐ Gym ☐ Health Spa Other _____

d) Number of Shifts: _____ e) Number of Users per Shift: _____

f) Number of Professional Body Builders: _____

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 be cancelled at any time if any information provided above found incorrect.

Owner Name _____

Signature _____

Date: ___ /___ /___

ATTACH FOLLOWING DOCUMENTS ALONG WITH APPLICATION

a) Copy of CNIC of Owner
b) Valid PMDC License
c) Layout of Health Club
d) Training Certificates
e) Previous Certificate (For Renewal)