MEDICAL FACILITY NAME :	

ENGINEERS COMMENTS

ESTABLISHMENT DETAILS						OFFICIAL USE ONLY				ENG. CONSULTANTS	
REQUEST TYPE		LICENSE No.:					INITIAL APPROVAL		FINAL APPROVAL	STAMP AREA	
	NEW FACILITY / OWNERSHIP CHANGE	TYPE OF FACILITY									
	RE-REGISTRATION		HOSPITAL/ DAYCARE			STATUS					
	EXTENSION/LAYOUT CHANGE		MEDICAL CENTER								
	TYPE CHANGE		SPECIALITY CLINIC								
	RELOCATION		OTHERS:								
ESTABLISHMENT ADDRESS						ENGINEERS					
EMIRATE		OWNER'S NAME					SIGNATURE		SIGNATURE	ENGINEER 1 NAME	
AREA/PLOT NO.		TELEPHONE. NO.					SIGNATURE		SIGNATURE	SIGNATURE	
BUILDING NAME		MOBILE NO. 1					SIGNATURE		SIGNATURE	ENGINEER 2 NAME	
FLOOR NO.		MOBILE NO. 2					SIGNATURE		SIGNATURE	SIGNATURE	
E-MAIL ID							DATE		DATE	DATE	

NOTE:

- Incase of any changes on the approved drawing, Licensing Department in MOHAP should be informed.
- Once the facility is ready for final inspection with full finishing and furnishing, Licensing Department in MOHAP should be informed via Email / system.