



QCHP
المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners
التسجيل والترخيص
Registration & Licensing



Personal Declaration

Please confirm the statement below

I certify that I am the person applying to the Qatar Council for Healthcare Practitioners for registration, that I am the person named in the submitted documents and that the information I have given is true and correct.

I understand that any license or approval that may result from this application will be void if I have made any false or misleading representations or declaration in this application through error or omission.

I authorize the Qatar Council for Healthcare Practitioners to post my professional information on a publicly - available register of licensed practitioners should my application be successful.

I, the undersigned, certify that the information contained in this application form or accompanying documents is correct to the best of my knowledge and beliefs.

I understand that I will be liable to certain penalties if I fail to comply with the obligation to declare, or provide complete or correct information.

Name of Applicant -----

Mobile No-----

Phone No-----

Email-----

Date-----

Signature-----

For official use only

Comment

Date -----

Signature -----