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| | BLISHMENT DETAILS | | | CIAL USE ONLY | ENG. CONSULTANTS STAMP AREA | |
| REQUEST TYPE | LICENSE No.: | ITY | OFFI INITIAL APPROVAL | CIAL USE ONLY FINAL APPROVAL | ENG. CONSULTANTS STAMP AREA | |
| | LICENSE No.: | CARE | | | | |
| REQUEST TYPE NEW FACILITY / OWNERSHIP OF RE-REGISTRATION EXTENSION/LAYOUT CHANGE | LICENSE No.: CHANGE TYPE OF FACIL HOSPITAL/ DAYC MEDICAL CENTE | R STATUS | | | | |
| REQUEST TYPE NEW FACILITY / OWNERSHIP OF RE-REGISTRATION EXTENSION/LAYOUT CHANGE TYPE CHANGE | CHANGE TYPE OF FACIL HOSPITAL/ DAYCE MEDICAL CENTE SPECIALITY CLIN | R STATUS | | | | |
| REQUEST TYPE NEW FACILITY / OWNERSHIP OF RE-REGISTRATION EXTENSION/LAYOUT CHANGE TYPE CHANGE RELOCATION | LICENSE No.: TYPE OF FACIL HOSPITAL/ DAYC MEDICAL CENTE SPECIALITY CLIN OTHERS: | STATUS STATUS | | | | NOTE: |
| REQUEST TYPE NEW FACILITY / OWNERSHIP OF RE-REGISTRATION EXTENSION/LAYOUT CHANGE TYPE CHANGE RELOCATION | CHANGE TYPE OF FACIL HOSPITAL/ DAYCE MEDICAL CENTE SPECIALITY CLIN | STATUS STATUS | | | | - Incase of any changes on the approved drawing, Licensing |
| REQUEST TYPE NEW FACILITY / OWNERSHIP OF RE-REGISTRATION EXTENSION/LAYOUT CHANGE TYPE CHANGE RELOCATION ESTAE | LICENSE No.: CHANGE TYPE OF FACIL HOSPITAL/ DAYC MEDICAL CENTE SPECIALITY CLIN OTHERS: BLISHMENT ADDRESS OWNER'S NAME | STATUS STATUS ENGINEERS DALAL TAIMOUR | INITIAL APPROVAL | FINAL APPROVAL SIGNATURE | STAMP AREA ENGINEER 1 NAME | - Incase of any changes on the approved drawing, Licensing Department in MOHAP should be informed. |
| REQUEST TYPE NEW FACILITY / OWNERSHIP OF RE-REGISTRATION EXTENSION/LAYOUT CHANGE TYPE CHANGE RELOCATION ESTAE EMIRATE AREA/PLOT NO. | LICENSE NO.: CHANGE TYPE OF FACIL HOSPITAL/ DAYCE MEDICAL CENTE SPECIALITY CLIN OTHERS: BLISHMENT ADDRESS OWNER'S NAME TELEPHONE. NO. | STATUS STATUS STATUS ENGINEERS DALAL TAIMOUR DIMA NASEREDDIN | INITIAL APPROVAL SIGNATURE SIGNATURE | FINAL APPROVAL SIGNATURE SIGNATURE | STAMP AREA ENGINEER 1 NAME SIGNATURE | - Incase of any changes on the approved drawing, Licensing |
| REQUEST TYPE NEW FACILITY / OWNERSHIP OF RE-REGISTRATION EXTENSION/LAYOUT CHANGE TYPE CHANGE RELOCATION ESTAE | LICENSE No.: CHANGE TYPE OF FACIL HOSPITAL/ DAYC MEDICAL CENTE SPECIALITY CLIN OTHERS: BLISHMENT ADDRESS OWNER'S NAME | STATUS STATUS ENGINEERS DALAL TAIMOUR | INITIAL APPROVAL | FINAL APPROVAL SIGNATURE | STAMP AREA ENGINEER 1 NAME | 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 |