

ENGINEERS COMMENTS

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ESTABLISHMENT DETAILS

OFFICIAL USE ONLY

ENG. CONSULTANTS

REQUEST TYPE		LICENSE No.:		STATUS	INITIAL APPROVAL		FINAL APPROVAL		STAMP AREA	
NEW FACILITY / OWNERSHIP CHANGE		TYPE OF FACILITY								
RE-REGISTRATION		HOSPITAL/ DAYCARE								
EXTENSION/LAYOUT CHANGE		MEDICAL CENTER								
TYPE CHANGE		SPECIALITY CLINIC								
RELOCATION		OTHERS:								
ESTABLISHMENT ADDRESS				ENGINEERS						
EMIRATE		OWNER'S NAME		DALAL TAIMOUR	SIGNATURE		SIGNATURE		ENGINEER 1 NAME	
AREA/PLOT NO.		TELEPHONE. NO.		DIMA NASEREDDIN	SIGNATURE		SIGNATURE		SIGNATURE	
BUILDING NAME		MOBILE NO. 1		RANIA ELESAWI	SIGNATURE		SIGNATURE		ENGINEER 2 NAME	
FLOOR NO.		MOBILE NO. 2		REEM OBAID	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.