

**Islamic Republic of Afghanistan**

**Ministry of Public Health**

**REGISTRATION FORM**

**Request for Qualification (RFQ)**

**Development of Diagnostic Imaging Centre at Ibni Sina Hospital Compound, Kabul by PPP**

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| **NAME AND DESIGNATION OF AUTHORISED PERSON** |  |
| **NAME OF ORGANISATION[[1]](#footnote-1)** |  |
| **ADDRESS OF ORGANISATION** |  |
| **TELEPHONE** |  |
| **FAX** |  |
| **EMAIL ADDRESS** |  |

I, hereby declare that I am duly authorised by the organisation to register it with the Ministry of Public Health (“MOPH”) of the Islamic Republic of Afghanistan as a prospective applicant in the bidding process for the Development of Diagnostic Imaging Centre at Ibni Sina Hospital Compound, Kabul by PPP.

On behalf of the organisation, I acknowledge that being registered as a Registered Entity is at the discretion of MOPH. I further acknowledge that Applications in response to the RFQ will only be accepted from the organisations that have been notified by MOPH to be Registered Entities.

1. Insert the name of the Company/Consortium seeking registration as a Registered Entity [↑](#footnote-ref-1)