



Islamic Emirate of Afghanistan
Ministry of Public Health
Public Private Partnership (PPP)
REGISTRATION FORM

Request for Qualification (RFQ)

Development of Diagnostic Imaging and Standard Laboratory Centre at Wazir Mohammad Akbar Khan Hospital Compound, Kabul by PPP

NAME AND DESIGNATION OF AUTHORISED PERSON	
NAME OF ORGANISATION¹	
ADDRESS OF ORGANISATION	
TELEPHONE	
FAX	
EMAIL ADDRESS	

I, hereby declare that I am duly authorized by the organization to register it with the Ministry of Public Health (“MOPH”) of the Islamic Emirate of Afghanistan as a prospective applicant in the bidding process for the Development of Diagnostic Imaging and standard Laboratory Centre at Wazir Mohammad Akbar Khan Hospital Compound, Kabul by PPP.

On behalf of the organization, 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 organizations that have been notified by MOPH-PPP to be Registered Entities.
