**ROYAL GOVERNMENT OF BHUTAN**

**BHUTAN MEDICAL AND HEALTH COUNCIL**

**MINISTRY OF HEALTH**

***(Application for full registration on the register of medical and /or health professional)***

To

The Registrar

Bhutan Medical and Health Council

Thimphu

Dear Sir,

I request you that my name, address and qualifications as stated below, may be registered on the register of medical and /or health professional under the Bhutan Medical and Health Council and that I may be furnished with a certificate of registration:

Name in full in block letters: ………………………………………………………….Sex…………………….ID. No…………………………………………….

Father’s Name: ………………………………………………………………………………………………………………………………………............................

Nationality: ………………………………………. Date of birth: ……………………………. Place of birth: ………………………….........................

Admission session……………………………………………. Student Registration number of University or Institute ………………………….

**Permanent address in block letters:**

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…………………………….........................................................................................................................................

**Present address:**

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| Description of  Qualification(s) of  which registration(s)  is desired | Name of the University or licensing body. | Date of obtaining the qualifications. | Name of the medical and /or health Institution from which the applicant have appeared for the said qualifying examination. |
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|  |  |  |  |

Yours faithfully

Date: Signature