**Form. No. 1**

**Application for Expression of Interest for Establishment of Medical and Health Educational Institution**

Name and address of Institution:

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

Correspondence Address:

………………………………………………………………………………………………………………………

*(in block letters)*

**Location of Institution**

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

Phone No.-

Office:……………….................................................................................................................................................

Mobile: ……………………………………………………………………………………………………………..

Fax :…………………………………………………………………………………………………………………

Email address:……………………………………………………………………………………………………...

Webpage, if applicable…………………………………………………………………………………………

Title of proposed medical and health courses ……………………...……………………………………………………………………………….........................

Duration of the course………………………………………………………………………………………………

Proposed date for course commencement/implementation…………………………………………………………

Type of Program: \Diploma / Bachelor

This application should be submitted to:

**The Registrar General**

**Bhutan Medical and Health Council**

**Thimphu**

**Declaration:**

I/We certify that the information provided in this application is true, complete and accurate to the best of my knowledge. I realize that any false, fictitious, or fraudulent statements may be subjected to administrative penalties. I am fully aware and understand the process and requirement of relevant agencies..

**Signature(s) of applicant**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** ………………….……………………………………….………………………………………………..

**Contact no.**….