**ROYAL GOVERNMENT OF BHUTAN**

**BHUTAN MEDICAL AND HEALTH COUNCIL**

**MINISTRY OF HEALTH**

***(Application for the issue of certificate of additional qualification 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 additional qualification (s) as stated below, may be registered on the register of medical and /or health professional under the Bhutan Medical and Health Council that I may be furnished with a additional qualification certificate of registration.

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

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

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

**Permanent address in block letters:**

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

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

**Present address:**...................................................................................................................................................

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

**BMHC registration number**: ……………………....... **Email ID:**....................................................................

**Contact no:**......................

|  |  |  |  |
| --- | --- | --- | --- |
| Description of  qualification of  which registration  is desired | Name of the University. | Date of obtaining the qualification | Name of the medical and /or health Institution from which the applicant have appeared for the said qualifying examination |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Yours faithfully

Signature

Date: