**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:**

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**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:

**CODE OF MEDICAL ETHICS**

**DECLARATION**

(Geneva Declaration accepted by the General Assembly of the World Medical Association at London on October 12, 1949.)

1. I solemnly pledge myself to consecrate my life to the service of humanity.
2. I will give to my teachers the respect and gratitude, which is their due.
3. I will practice my profession with conscience and dignity.
4. The health of my patient will be my first consideration.
5. I will respect the secrets, which are confided in me.
6. I will maintain, by all means in my power, the honor and the noble traditions of the medical profession.
7. My colleagues will be my brothers.
8. I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
9. I will maintain the utmost respect for human life from the time of conception.

10. Even under threat, I will not use my medical knowledge contrary to the laws of humanity.

 I make these promises solemnly, freely and upon my honor.

**AND**

I **hereby declare that the statements given above are true and correct. I understand that any false or misleading statement may result in the permanant denial of registration to practice/result in legal action.**

Place……………………………

Date………………………….. Signature

Attested

Signature & Designation of the

Attesting Officer

**Note: the declaration is to be attested by the registrar himself or a registred professional**