**Application for Registration of Medical and Health Educational Institution**

Name of Training Institution: …………………………………………………………………….……………………….………………………..

Correspondence Address:

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

*(in block letters)*

**Head of Department/Program**

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

Phone No.-

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

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

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

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

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

**Note:** Duly filled in application form should be accompanied by the following:

1. Processing fee (Nu. 51000/-) for Application for Registration of Medical and Health Institution as per Regulations BMHC, 2005).

This form together with Registration fees should be submitted to:

**The Registrar**

**Bhutan Medical and Health Council**

**Ministry of Health**

**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 Registration Regulation for the introduction of New Course.

**Signature(s) of Head of Training Provider/Training Institute**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Signature:**………………………… **Designation:**…………….…..…… **Date:**………/ ………/…….