ROYAL GOVERNMENT OF BHUTAN

BHUTAN MEDICAL AND HEALTH COUNCIL

Autonomous Government Agency

**RENEWAL OF REGISTRATION**

Registration Number :

Date of registration :

Profession :

Name : Sex: ID.No.

Father’s/Husband’s Name :

**Permanent Address**

Village :

Block :

District :

**Present Address**

Health Centre/Hospital :

Village/city :

District :

**Qualification**

1. Basic

2. Post-graduate Degree/Diploma/Certificate (if registered with Bhutan Medical & Health Council)

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………Write in what manner you have completed 30 hours of continued medical education in the last 5 years to be eligible for renewal (if required by regulation)

EID:

Email. Address

Contact no.

**Signature**

**FOR OFFICE USE**

Date :

Signature

Renewal upto:………………………………………………………………………………………………………………

Check list for renewal of registration:

1. CID copy
2. 1 no. latest passport size photograph
3. Registration fee as prescribed in <http://www.bmhc.gov.bt/download-forms/>