To

The Registrar

Bhutan Medical and Health Council

Thimphu

Dear Sir,

I request you that I may be issued with certificate of Good Standing. My particulars are given below:

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: ……………… Date of registration: …………………………………….

Present place of work: ………………………………………………………………………………….

**Studies/publication/research if any:**

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Yours faithfully,

Date: Signature