**Application for Eligibility Certificate**

Date:............................

The Registrar

Bhutan Medical and Health Council

Thimphu

Sir,

I request you to furnish me with the eligibility certificate for me to enroll for the course........................................................................................................................

Following are my details:

Full name:............................................................sex:............................CID;No................................

Date of birth:...................................................Name of the school last attended............................

Name of Medical or Dental college………………………………………………………………...

Name of affiliated University:……………………………………………………………………...

And please find herewith enclosed a copy of class X and XII academic transcript and pass certificates,CID for your kind reference ( Enclose copies of class X and XII pass certificate and transcripts with this letter).

Yours’ faithfully,

Signature