**Letter of Undertaking**

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

Registrar General,

Bhutan Medical and Health Council,

Thimphu, Bhutan.

Sir,

I bearing registration no………………….hereby undertake to report along with Award Certificate and other agreed required documents to the Registration Authority, Bhutan Medical and Health Council, Thimphu within 2 years from today.

If I fail to do so within the time frame, and if council is made to face financial or other liability on account of my failure I shall indemnify against all such liabilities. Further, council shall revoke my right to practice.

Affix Legal Stamp

Signature

Name:...........................................................................

CID no...........................................................................

Contact no.............................................................. Email ID: ……………………………….

Practice Address:……………………………….