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:**

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

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

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

**Present address:**

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

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

BMHC registration number: ……………… Date of registration: …………………………………….

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

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

**Please declare** there is no complaints/adverse records/ongoing disciplinary proceedings against you:

…………………………………………………………………………………………

**Purpose:**………………………………………………………………………………………………….

Please obtain signature from Supervisor(s)-

Yours faithfully,

Signature

**Date**

Note:*The certificate of CGS will be delivered to the regulatory boards or agencies  only and not to the individual.*