

**ROYAL GOVERNMENT OF BHUTAN  
BHUTAN MEDICAL AND HEALTH COUNCIL  
Autonomous Government Agency**

***(Application for the issue of certificate of additional qualification of medical and/or health Professional)***

To  
The Registrar  
Bhutan Medical and Health Council  
Thimphu

Dear Sir,

I request you that my name, address and additional qualification (s) as stated below, may be registered on the register of medical and /or health professional under the Bhutan Medical and Health Council that I may be furnished with a additional qualification certificate of registration.

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:** ..... **Email ID:**.....

**Contact no:**.....

Description of qualification of which registration is desired	Name of the University.	Date of obtaining the qualification	Name of the medical and /or health Institution from which the applicant have appeared for the said qualifying examination

Yours faithfully

Signature

Date:

# CODE OF MEDICAL ETHICS DECLARATION

(Geneva Declaration accepted by the General Assembly of the World Medical Association at London on October 12, 1949.)

1. I solemnly pledge myself to consecrate my life to the service of humanity.
2. I will give to my teachers the respect and gratitude, which is their due.
3. I will practice my profession with conscience and dignity.
4. The health of my patient will be my first consideration.
5. I will respect the secrets, which are confided in me.
6. I will maintain, by all means in my power, the honor and the noble traditions of the medical profession.
7. My colleagues will be my brothers.
8. I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
9. I will maintain the utmost respect for human life from the time of conception.
10. Even under threat, I will not use my medical knowledge contrary to the laws of humanity.

I make these promises solemnly, freely and upon my honor.

**AND**

**I hereby declare that the statements given above are true and correct. I understand that any false or misleading statement may result in the permanent denial of registration to practice/result in legal action.**

Place.....

Date.....

Signature

Attested  
Signature & Designation of the  
Attesting Officer

**Note: the declaration is to be attested by the registrar himself or a registered professional**