

**BHUTAN MEDICAL AND HEALTH COUNCIL
AUTONOMOUS GOVERNMENT AGENCY**

(Application for the issue of certificate of Good Standing)

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.*

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