



དབལ་ལྷན་འབྲུག་གཞུང་།
 འབྲུག་གསོ་བ་དང་འཕྲོད་བསྟེན་ཚོགས་སྡེ།
 ROYAL GOVERNMENT OF BHUTAN
 BHUTAN MEDICAL AND HEALTH COUNCIL
 Autonomous Government Agency
 POST BOX: 1956
 THIMPHU: BHUTAN



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 and Health Institute:

Name of University:.....

And please find herewith enclosed a copy of class X & XII academic transcript and pass certificates and CID for your kind reference.

Yours Faithfully,

(Name & Signature)