



དཔལ་ལྷན་འབྲུག་གཞུང་།  
འབྲུག་གཞི་རིམ་དང་འབྲིད་པ་ལྟེ་སློབ་ལཱ་ལྟེ་

ROYAL GOVERNMENT OF BHUTAN  
BHUTAN MEDICAL AND HEALTH COUNCIL  
Autonomous Government Agency  
THIMPHU: BHUTAN  
POST BOX: 1956



**Application for Registration of Medical and Health Educational Institution**

Name of Training Institution:

.....

Correspondence Address:

.....

*(in block letters)*

**Head of Department/Program**

.....

Phone No.-

Office:.....

Mobile: .....

Fax :.....

Email address:.....

Webpage, if applicable.....

**Note:** Duly filled in application form should be accompanied by the following:

1. Processing fee (Nu. 51000/-) for Application for Registration of Medical and Health Institution as per Regulations BMHC, 2005).

This form together with Registration fees should be submitted to:

**The Registrar**  
**Bhutan Medical and Health Council**  
**Ministry of Health**  
**Thimphu**



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 འབྲུག་གཞི་རིམ་དང་འགྲོ་སྐྱོད་ཚན་པར་ལྷན་ཚོགས་པཎ།  
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**Declaration:**

I/We certify that the information provided in this application is true, complete and accurate to the best of my knowledge. I realize that any false, fictitious, or fraudulent statements may be subjected to administrative penalties. I am fully aware and understand the Registration Regulation for the introduction of New Course.

**Signature(s) of Head of Training Provider/Training Institute:**\_\_\_\_\_

**Name:** .....

**Signature:**..... **Designation:**..... **Date:**...../...../.....