

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

(Application for full registration on the register of medical and /or health professional)

The Registrar
Bhutan Medical and Health Council
Thimphu

Dear Sir,

I request you that my name, address and qualifications as stated below, may be registered on the register of medical or health professional under the Bhutan Medical and Health Council and that I may be furnished with a certificate of registration:

Name in full in block letters: Sex.....CID No.....

Father's Name:Nationality: Date of birth:.....

Place of birth:Contact no:.....Email ID:.....

Present address:

.....

Permanent address in block letters:

.....

Student Registration Number of University/Institute:

Contact number of Registrar/Principal of the University/Institute:.....

Email Address of Registrar/Principal of the University/University:.....

Description of Qualification(s) of which registration(s) is desired	Name of the University or licensing body.	Date of obtaining the qualifications.	Name of the medical and /or health Institution from which the applicant have appeared for the said qualifying examination.

Yours faithfully

Date:

Signature

CODE OF PROFESSIONAL FIDELITY

Declaration of Geneva, 1948; Editorially revised by 68th World Medical Association General Assembly, October, 2017, adopted as Medical and Health Professional Pledge in Bhutan

1. I SOLEMNLY PLEDGE to dedicate my life to the service of humanity;
2. THE HEALTH AND WELL-BEING OF MY PATIENT will be my first consideration;
3. I WILL RESPECT the autonomy and dignity of my patient;
4. I WILL MAINTAIN the utmost respect for human life;
5. I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing, or any other factor to intervene between my duty and my patient;
6. I WILL RESPECT the secrets that are confided in me, even after the patient has died;
7. I WILL PRACTISE my profession with conscience and dignity and in accordance with good medical practice;
8. I WILL FOSTER the honour and noble traditions of the medical profession;
9. I WILL GIVE to my teachers, colleagues, and students the respect and gratitude that is their due;
10. I WILL SHARE my medical knowledge for the benefit of the patient and the advancement of healthcare;
11. I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard;
12. I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat;
13. I MAKE THESE PROMISES solemnly, freely, and upon my honour;
14. I solemnly swear/affirm that I shall uphold the sovereignty and integrity of Bhutan faithfully, conscientiously discharge my duties in the service of the Tsawa-sum and perform the duties of my office without fear or favour to the best of my ability, and that I shall bear true faith and allegiance to the Constitution of Bhutan;
15. 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.

Affix legal stamp
Signature

Place.....
Date.....

Note: The declaration is to be attested by the Registrar of the Council