



རྒྱལ་ཁབ་འབྲུག་གཞུང་།
འབྲུག་གཞུང་གི་འབྲུག་ལུགས་ལྷན་ཁུངས་ཀྱི་འཛིན་སྐྱོང་ལས་ཁུངས་ཀྱི།

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



1. Application for approval of New Medical and Health Educational Program

Name of Training Institution:

.....

Correspondence Address:

.....

(in block letters)

2. Head of Department/Faculty/Program

.....

Phone No.-

Office:.....

Mobile:

Fax :.....

Email address:.....

Webpage, if applicable.....

3. Title of proposed course

.....

4.Duration of the course.....



དཔལ་ལྷན་འབྲུག་གཞུང་།
འབྲུག་གཞི་རིམ་དང་འབྲིང་ཁྲེང་གཞི་རིམ་གྱི་
འབྲུག་གསོ་བ་དང་འབྲིང་ཁྲེང་གྱི་ཚོགས་པ་

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

1. Program Registration fee (Nu. 25000/-) for Application for approval of launch of new courses as indicated in Regulations BMHC, 2005, Part –V (27.4).
2. Institute Brochure(if any)
3. Detail educational documents(curriculum)

This form together with attachments should be submitted to:

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

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:...../...../.....