

ROYAL GOVERNMENT OF BHUTAN
BHUTAN MEDICAL AND HEALTH COUNCIL
Autonomous Government Agency
Application for Provisional Registration

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 provisional registration:

Name in full (block letters):Sex.....CIDNo.....

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

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

Present address:(Not required to fill in)

.....

Permanent address in block letters:
(1.Village,2.Gewog, 3Dzongkhag)

.....

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

This is a computer-generated document. No signature is required.

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

This is a computer-generated document. No signature is required

Interim directions:**For initial assessment of your qualification:****Scanning Guidelines and Checklist for Document Submissions**

The Bhutan Medical and Health Council ((BMHC) collects and uses your personal information to process your application in accordance with Chapter IV, section 6 of the Medical and Health Council Act, 2002 and Clause 13, 13.1 of the BMHC Regulations 2005.

All documents for submission to the BMHC must be scanned and converted into a high-quality electronic document as per the scanning requirements below. Digital copies of original paper documents must meet the highest standard for quality and accuracy to support their authenticity. Documents that do not meet the requirements below will be rejected.

Preparing Documents for Scanning:

1. Ensure the original documents are clean and free of dust and dirt.
2. Remove all staples and paper clips.
3. Ensure the original documents are straightened out and flat before scanning.
4. When preparing documents for scanning, be careful not to damage the paper or obscure unclear and difficult to understand or see the information on the original document.

Registration Procedure

The applicant shall duly fill in application form and submit documents as per the checklist, citizenship ID card, medical fitness certificate and character certificate where require.

Other directions:

1. Original documents will be verified in person
2. Not required to sign the registration form and Code of Professional Fidelity, you will be signing in person
3. Medical fitness certificate and character certificate where require shall submit after lockdown is lifted

Checklist of Documents for Registration by Nationals

SL. No	Documents	Tick in the box below (√)	
		Original	Photocopies
1	Filled and signed registration form		
2	Declaration of the Code of Professional Fidelity signed on Legal Stamp		
3	Graduation Certificate (Master/degree/diploma/certificate)		
4	Provisional or Course Completion Certificate		
5	Mark sheets (Master/degree/ diploma/certificate)		
6	Internship completion certificate (if applicable) or certificate of attachment/experience).		
6	Class X and XII pass certificates		
7	Class X and XII statement of mark		
8	Citizenship identity card		
9	Valid Security clearance (will verify online)		
10	1 recent Passport size photograph(you submit soft copy) Passport-size photograph must not be more than six months old, 45 mm x 35 mm with a white background and without border		
11	Registration Fees (will inform after verification of documents)	NU 1000	