

ROYAL GOVERNMENT OF BHUTAN
BHUTAN MEDICAL AND HEALTH COUNCIL
Autonomous Government Agency
RENEWAL OF REGISTRATION

Registration Number :
Date of registration :
Profession :
Name : Sex: ID.No.
Father's/Husband's Name :

Permanent Address

Village :
Block :
District :

Present Address

Health Centre/Hospital :
Village/city :
District :

Qualification

1. Basic
2. Post-graduate Degree/Diploma/Certificate (if registered with Bhutan Medical & Health Council)

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Write in what manner you have completed 30 hours of continued medical education in the last 5 years to be eligible for renewal (if required by regulation)

EID:
Email. Address
Contact no.

Signature

FOR OFFICE USE

Date :

Signature

Renewal upto:.....

Check list for renewal of registration:

1. CID copy
2. 1 no. latest passport size photograph
3. Registration fee as prescribed in <http://www.bmhc.gov.bt/download-forms/>