



དཔལ་ལྷན་འབྲུག་གཞུང་།
 འབྲུག་གསོ་བ་དང་འཕྲོད་བསྟེན་ཚོགས་མིེ
 ROYAL GOVERNMENT OF BHUTAN
BHUTAN MEDICAL AND HEALTH COUNCIL
 Autonomous Government Agency
 THIMPHU: BHUTAN
 POST BOX: 1956



Letter of Undertaking

Date:.....

Registrar General,
 Bhutan Medical and Health Council,
 Thimphu, Bhutan.

Sir,

I bearing registration no.....hereby undertake to report along with Award Certificate and other agreed required documents to the Registration Authority, Bhutan Medical and Health Council, Thimphu within 2 years from today.

If I fail to do so within the time frame, and if council is made to face financial or other liability on account of my failure I shall indemnify against all such liabilities. Further, council shall revoke my right to practice.

Affix Legal Stamp

Signature

Name:.....

CID no.....

Contact no..... Email ID:

Practice Address:.....

“Excellence in regulation of education, qualification and practice of medical and health professionals.”