



## DECLARATION FORM

(To be used by Medical & Health Professionals not in full time clinical practice)

To  
The Registrar  
Bhutan Medical and Health Council (BMHC).

Dear Sir,

I hereby declare that (please circle it)

1. I am currently not in active clinical practice.
2. I undertake to fulfill the following requirement of the Council:
  - i) Lowered CME requirement of 15 credits in 5 years for renewal of registration; or
  - ii) A supervised Clinical attachment for a minimum of 3months to be eligible for active clinical practice.
3. Request to de-register my registration from National Registry of BMHC as I will be not practicing my profession or involve in teaching relevant to professional specialty

Signature:.....

Name:.....

BMHC R. No:.....Mobile. No:.....

Email :.....

Date:.....

(For official use only)

Decision of Council:

1. Approved
2. Not Approved:

☐☐

Verified by :.....



དཔལ་ལྷན་འབྲུག་གཞུང་།  
འབྲུག་གཞི་བདའ་འཕྲོད་བསྟེན་ཚོགས་མཉེ།  
ROYAL GOVERNMENT OF BHUTAN  
BHUTAN MEDICAL AND HEALTH COUNCIL  
Autonomous Government Agency  
POST BOX: 1956  
THIMPHU: BHUTAN



KINGDOM OF BHUTAN

Date:.....