



Medical and Health Professionals Council

Application for Eligibility Letter

Date:.....

The Registrar
Medical and Health Professionals Council
Thimphu

Sir/Madam,

I request you to furnish me with the eligibility certificate for me to enroll for the course:

Following are my details:

Full name:..... Sex:..... CID No:

Contact number:.....email address:.....

Date of birth:.....Name of the school last attended:.....

Name of Medical and Health Institute:

Name of University:

And please find herewith enclosed a copy of class X and XII academic transcript and pass certificates, CID for your kind reference(Enclose copies of class X and XII pass certificate and transcripts with this letter).

Yours Faithfully,

Signature