

**गे<sup>.</sup>ॺॸॱक़ॖ॒**ॖॖॖ<sup>ॖ</sup>ख़</sup>रॅंग**ॺॅ<sup>क़</sup>२ऀॻॱॻड़ॕॻॱ**ॴ ॾॣॖॖॺॖॱॻऻऀऒ॔ॻऻॱॸॖ॔ॸॱऄॱॺॸॱॻऻऄ॔ॱॸय़ऀॱऄॣ॔ॖ॔ॸॱऄॕॻऻॺ।



FACULTY OF NURSING AND PUBLIC HEALTH



THIMPHU: BHUTAN

## **Admission Form**

Course	Bachelor of Sicence in	Bachelor of Phublic	Certificate in	Certifictae in
applied for:	Nursing and Midwifery	Health	Adult Critical Care	Perioperative
(Please tick)			Nursing	Nursing
	Certificate in	Certificate in	Certificate in	Certificate in
	Pediatric Critical	Neonatal	Echocardiography	Dialysis
	care Nursing	Critical Care		
		Nursing		

PERSONAL INFORMATION						
Name		Date of Birth		Gender		

CID	Mobile	Email	

Village	Geog	Dz	

JOB RELATED INFORMATION					
Year of Appointment		Designation			

Current Place of Posting						
ACADEMIC INFORMATION						
Year of enrolment						
Year of Graduation						
Overall aggregate obtained						

## I hereby declare that the information provided is true.

				Course	July 2018 to June 2020
Signature	Date	/	/		

Attach a copy of certificates: Academic and transcript, CID, BMHC Registration and no objection letter from the Employer.