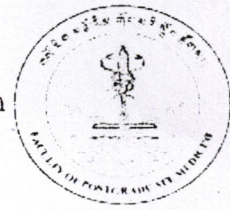




ཀམ་ཐོ་རྒྱལ་པོ་ལྷན་དུ་སློབ་ཚུགས།
Faculty of Postgraduate Medicine
Khesar Gyalpo University of Medical Sciences of Bhutan
Thimphu: Bhutan



Internship Application Form

I. PERSONAL INFORMATION			Affix passport photo
1. Name:	2. Gender: <i>(please check)</i>	M	
3. Citizenship ID No.:		4. Date of birth: <i>(dd/mm/yy)</i>	
II. CONTACT ADDRESS FOR CORRESPONDENCE			
5. Name of Father:			
6. Contact/Present Address:		7. Permanent Address:	
8. Contact No.		8. Contact No.:	
a. Fixed No.:		b. Mobile No.:	
c. Email ID:			
III. DOCUMENTATION <i>(Please check the boxes):</i>		IV. Place of Study	
9. I have attached copies of the following documents:		a. Name of College and Address	
1. <input type="checkbox"/> Documents about Final MBBS		
2. <input type="checkbox"/> Citizenship ID card		
3. <input type="checkbox"/> BMHC Temporary Reg. Certificate		
4. <input type="checkbox"/> NOC from parent Institute if applicable		b. Month and Year of Passing	
		
		
UNDERTAKING BY THE APPLICANT			
I, hereby confirm that the information provided above is correct. I understand that my application is liable to be rejected in the event misrepresentation of the facts /information provided above.			
Signature/Name:		Date:	
For official use only:			
I confirm that that I have received the Application Form along with the document copies.			