



གསོ་རིག་མཐོ་རིམ་གོང་མའི་སློབ་ཚོགས།
Faculty of Postgraduate Medicine
 Khesar Gyalpo University of Medical Sciences of Bhutan
 Thimphu : Bhutan



INTERNSHIP APPLICATION FORM

I. PERSONAL INFORMATION													
1 Name:						2. Gender: (please tick)		M	F	Passport size photo graph			
3. Citizenship ID No.:						4. Date of Birth: (dd/mm/yy/)							
5. Name of Father:													
6. Present Address:													
7. Contact No.:			a. Fixed No.:						b. Mobile No.:				
c. Email ID:													
8. DOCUMENTATION (please check the boxes):						9. Place of Study							
I have attached copies of the following documents: <ul style="list-style-type: none"> ❖ Final MBBS transcript ❖ Citizenship ID card ❖ BMHC Temporary Reg. Certificate ❖ NOC from parent Institute if applicable ❖ Class 10 and 12 Mark sheet 						a. Name of College and Address							
												
						b. Funding Agency:							
												
						c. 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.													
Name and Signature:..... Date:													
For Official Use only:													
I confirm that I have received the Application Form along with the documents copies.													
Name/Signature:..... Date:													