



ཀེསར་རྒྱལ་པོ་གསོ་རིག་གཞུག་ལག་སློབ་མེ།  
**Khesar Gyalpo University of Medical Sciences of Bhutan**  
**Royal Government of Bhutan**  
**Thimphu: Bhutan**



**Application Form for Academic Documents**

To:

I would be grateful if the following certificate may be granted.

Particulars	Select to Avail	Course	Student Registration Number	Intake Year	Completion Year
Completion Certificate					
Module Matrix					
Migration Certificate					
Transfer Certificate					
Re-issue of Academic Transcript					
Re-issue of Completion Certificate					

I hereby certify that the information given herein is true and complete to the best of my knowledge. In the event of detection of false or misleading information, I understand that UNIVERSITY shall cancel/reject my application. I also undertake to abide by all Rules and Regulations.

Date of Application: \_\_\_\_\_

Signature of Applicant

Contact No: \_\_\_\_\_

Mail: \_\_\_\_\_

**Supporting documents to be submitted:**

1. Academic Transcript
2. Provisional Certificate/Completion Certificate
3. Citizen Identity Card

Remarks from Registrar

☐

**Approved**

☐

**Not Approved**

Signature