



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



Application Form for the Correction/ Change of Name & Date of Birth

1. Personal Details:

Name: _____ Gender: _____ (Male/Female)
 CID No: _____ Date of Birth: _____ (dd/mm/yyyy)
 Course: _____ Student Registration Number: _____
 Intake year: _____ Completion year: _____
 Faculty: _____

2. Reason for Application:

Correction in name Change of name
 Correction of date of birth Correction of CID number

3. Correction Details:

Name: _____
 Date of Birth: _____
 CID Number: _____

4. Undertaking:

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. Citizen Identity Card

Remarks from Registrar

Approved **Not Approved**

Signature