



ཀེསར་རྒྱལ་པོ་གསོ་རིག་གཞུག་ལག་སློབ་ཐུགས།  
**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					
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

Name: \_\_\_\_\_

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