



ཀེསར་རྒྱལ་པོ་གསེང་ལྷན་ཁག་སློབ་མཉམས་སྤྱེ།
Khesar Gyalpo University of Medical Sciences of Bhutan
Royal Government of Bhutan
Thimphu: Bhutan



Application Form for Academic Documents

Date: _____

To:

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

Particulars	Select to Avail	Course	Student Registration Number	Completion Year	Purpose
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.

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

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Not Approved

Signature