



ལྷན་གཤིག་དང་མི་མང་གསོ་བའི་སློབ་ཚོགས།

གཞུང་རྒྱལ་པོ་གསོ་རིག་གཞུག་ལག་སློབ་ལྟེ།

FACULTY OF NURSING AND PUBLIC HEALTH

KHESAR GYALPO UNIVERSITY OF MEDICAL SCIENCES OF BHUTAN

THIMPHU: BHUTAN



Admission Form for the Year 2027



Course: (Please tick)	BSc. Nursing & Midwifery	Dip. in GNM	BSc. Clinical Counseling	Dip. in Community Health/Medical Technology	BScNM / BPH / Certificate (Inservice)
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PERSONAL INFORMATION

Name	Date of Birth	Gender
CID	Mobile No:	Email id
Village	Gewog	Dzongkhag
House No.	Thram No.	
Father's Name	Mother's Name	BOB Account No.

ACADEMIC INFORMATION

Year of enrolment in FNPH	Last school attended:
Year of completion in FNPH	

GUARDIAN INFORMATION

Name of Guardian:	Signature:	Contact Mobile No.:
Relationship with Guardian:		
Current Address		

I hereby declare that the information provided here is true.

Signature (Affix legal stamp and sign)	Date:
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Note:

All new students should fill up this form and submit at the time of admission