

श्चव गर्धिम ५८ से सर मर्थे नदे श्चित स्वा

Faculty of Nursing and Public Health

Khesar Gyalpo University of Medical Sciences of Bhutan



Thimphu Bhutan

Admission Form for the Year 2024

| Course: | BSc. | | Dip. ii | o. in | BSc. Clinical | | Dip. in | Dip. in | | ScNM / BPH / | |
|--|-----------|-----------|----------|------------|---------------|-----------------------|-----------|---------|-------------|-----------------------|--|
| (Please | Nursi | Nursing & | | M | Counseling | | Community | | Certificate | | |
| tick) | Midwifery | | | | C | Health/Medi | | cal | () | (Inservice) | |
| | | | | | | Technology | | | | | |
| | | | | P | ERSONAL IN | FOR | MATION | | | | |
| Name | | | | | Date of | | | Gender | | | |
| | | | | Birth | | | | | | | |
| | | | | | | | | | | | |
| CID | | | | Mobile No: | | | Email id | | | | |
| Village | | | | | Geog | Dzongkhag | | | | | |
| | | | | | | | | | | | |
| House No. | | | | | Thram No. | | | | | | |
| Father's Name | | | | | Mother's | | | BOB | | 1 | |
| | | | | | Name | Account N | | nt No |). | | |
| | | | | A | CADEMIC IN | FOF | RMATION | | | | |
| Year of enrolment in FNPH | | | | | | Last school attended: | | | | | |
| | | | | | | | | | | | |
| Year of co | ompleti | on in l | FNPH | | | | | | | | |
| | | | | G | UARDIAN IN | FOR | RMATION | | | | |
| Name of Guardian: | | | | | | | | | | Contact Mobile | |
| Relationship with Guardian: | | | | | | | | | No.: | | |
| | | | | | | Sig | nature: | | | | |
| Current A | Address | S | | | | | | | | | |
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| I hereby o | ieclare | that t | the info | ormation | n provided is | true | • | | | | |
| | | | | | | | | | | | |
| Signature (Affix legal stamp and sign) | | | | | | | | D | ate: | | |

Note:

All new students should fill up this form and submit at the time of admission Submit original marksheet of class X and XII, and a copy of Citizenship ID card along with this form.

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