





KHESAR GYALPO UNIVERSITY OF MEDICAL SCIENCES OF BHUTAN FACULTY OF NURSING AND PUBLIC HEALTH THIMPHU: BHUTAN

Admission Form for the Year 2023

Course:	B.Sc		Diploma	ı	BSc C	Clinica	al	Dip. in			BScNM/BPH/
(Please	Nursing &		in GNM	I Counse		seling	ng Commu		nity		Certificate
tick)	Midwifery					-	Health/Me		Medical		(Inservice)
	-							Technology			
PERSONAL INFORMATION											
Name					Date of Birth				Gender		
CID				Mobil			Email				
Village				Geog.					Dzongkhag		
House N	0.			Thram No.							
Father's				Mother's				BOB			
Name				Name			Account		nt		
ACADEMIC INFORMATION											
Year of enrolment in FNPH						Last	scho	ool attend	led:		
Year of completion in FNPH			NPH								
GUARDIAN'S INFORMATION											
Name of the Guardi an: Relationship with G uardian:							Contact mobile no.				act mobile no.
							Signature:				
Current	Address										
I hereby declare that the information provided is true.											
Signature (Affix legal stamp & sign)						D	Date:				

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

Dean: 323333, Dean AA-321734, Adm-322031, Fax- 323856, PABX 321210/321212 P.O.Box 298, Website: www.fnph.edu.bt