སྨན་གཡོག་དང་མི་མངའ་གནས་བའི་སློབ་ཚོགས།
གེ་སར་རྒྱལ་པོ་གསོ་རིག་གཙུག་ལག་སློབ་སྡེ།
FACULTY OF NURSING AND PUBLIC HEALTH
KHESAR GYALPO UNIVERSITY OF MEDICAL SCIENCES OF BHUTAN
THIMPHU: BHUTAN

Admission Form for the Year 2027

PHOTO

Course	**Diploma in Laboratory Technology (Veterinary)**										

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: **Relationship with Guardian:**	**Signature:**	**Contact Mobile No.:**
Current Address		

I hereby declare that the information provided here is true.

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

Note:

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