



སྐྱེན་གཤིག་དང་མི་མང་གསོ་བའི་སློབ་ཚོགས།

གཞུང་རྒྱལ་པོ་གསོ་རིག་གཞུག་ལག་སློབ་ཤེ།

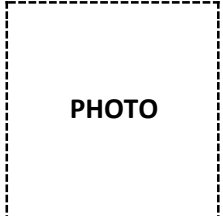
**FACULTY OF NURSING AND PUBLIC HEALTH**

**KHESAR GYALPO UNIVERSITY OF MEDICAL SCIENCES OF BHUTAN**

THIMPHU: BHUTAN



**Admission Form for the Year 2025**



<b>Course:</b> <b>(Please tick)</b>	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**

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

**ACADEMIC INFORMATION**

<b>Year of enrolment in FNPH</b>	<b>Last school attended:</b>
<b>Year of completion in FNPH</b>	

**GUARDIAN INFORMATION**

<b>Name of Guardian:</b>	<b>Signature:</b>	<b>Contact Mobile No.:</b>
<b>Relationship with Guardian:</b>		
<b>Current Address</b>		

**I hereby declare that the information provided here is true.**

<b>Signature (Affix legal stamp and sign)</b>	<b>Date:</b>
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**Note:**  
All new students should fill up this form and submit at the time of admission