



སྐྱེན་གཡེག་དང་མི་མང་གསོ་བའི་སློབ་ཆེན་པ།
གེ་སར་རྒྱལ་པོ་གསོ་རིག་གཞུག་ལག་སློབ་ཤེ།

FACULTY OF NURSING AND PUBLIC HEALTH

KHESAR GYALPO UNIVERSITY OF MEDICAL SCIENCES OF BHUTAN

THIMPHU: BHUTAN



Student's information details for admission:

1. Name:
2. Gender:
3. Date of birth:
4. CID. No:
5. Nationality:
6. Educational qualification:
7. Name of the School graduated from:

Home address:

8. Dzongkhag: Gewog: Village:
9. Mobile No. of student:
10. Email address of the student:
11. Address of parent:
Name:
Contact No.:
Relation:
12. Name of the faculty:
13. Name of the program:
14. Duration of the program:
15. Date of admission:
16. Expected date of completion:

I, hereby certify that above information is correct to the best of my knowledge.

Date & place:

Name and signature of the student (affix legal stamp)



ཐཱ་ཤེ་ལེ་ལ་དང་མི་མང་གསེ་བའི་སློབ་ཆེན་པ།
གེ་སར་རྒྱལ་པོ་གསེ་རིག་གཞུག་ལག་སློབ་ཤེ།

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Undertaking by Students

I,(Name of the candidate), CID No.
son/daughter of (parent) hereby accept the offer of scholarship from
.....(sponsoring agency) for studies in (mention
programme) at(mention faculty) for a duration of
..... years with the following conditions.

I shall:

1. Pursue the program of study and complete it within the permissible period
2. Abide by rules and regulations of the Faculty of Nursing and Public Health /University
3. Undertake commitments outside of studies, like joining clubs, sports teams, volunteer work, or holding leadership positions.
- 4. Refund the fees and stipend as per the rule of the Government /University**
5. Serve Tsa-wa-sum after completion of the course as required by the Government

I hereby undertake that **I have read all Rules and Regulations** governing my study and have understood the above points including the implications and consequences of leaving the program. In the event, that I do not adhere to any one of the above-stated conditions, I shall be **liable for legal actions** by the Government as per the laws of the Kingdom of Bhutan.

Name & signature (affix legal stamp)

Place:

Date:

Address:



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Undertaking for Guarantors (parents/guardians)

In the event _____ (name of student) fails to abide by his/her undertaking, I _____ (name of guarantor) bearing CID No. _____ hereby undertake to **refund fees and stipend as per the Government Rule**. If I do not adhere to the above mentioned conditions, I understand that I shall be **liable for legal action** as per the laws of the Kingdom of Bhutan.

Name of the guarantor:

Relation with the student:

Occupation:

Contact number:

Address:

Signature (affix legal stamp)

Date:

Place: