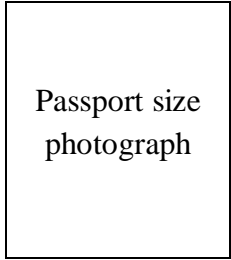


ROYAL GOVERNMENT OF BHUTAN
MINISTRY OF EDUCATION
Department of Adult and Higher Education
Scholarship and Student Support Services Division
Thimphu Bhutan



Reg. No.....
(To be filled by College/Institute)

**APPLICATION FORM FOR COLLEGE/INSTITUTE OR UNIVERSITIES
REGISTRATION**

1. Name of the Applicant:
(In CAPITAL) _____
(Last) (First) (Middle)
2. Course of study: _____
3. Age & Date of Birth: _____
4. Name of father/guardian: _____
5. Address (in Bhutan): _____

Tel. _____ Mobile. _____ Fax. _____
6. Emergency Contact Address: _____

Tel. _____ Mobile. _____ Fax. _____
7. Nationality: _____
8. Proficiency in English
 - a) Excellent/Good/Fair : _____
 - b) Examination passed : _____

9. Qualifying examination passed (Enclose copies of Certificates/Degree)

Examination passed	Examining Agency	Year of Passing	Subjects Studied

10. **Declaration:** I declare that all the particulars stated above are true and correct to the best of my knowledge and belief.

Enclosures:

Place:

Signature of candidate

Date:

Signature of Parent/Guardian

.....
For further details contact:

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Department of Adult and Higher Education,
Ministry of Education, Thimphu, Bhutan. Post Box No. **156**.
Tel. # +975-2-346848/335833/332248, Tele/Fax # 332101
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