

## वासू.च.डेचे.क्वा ट्या.डेच.क्वा.वर्डिंग.वर्डिट.

## ROYAL GOVERNMENT OF BHUTAN Ministry of Health



Reg. No. 175468

## **Medical Certificate**

I certify that I have examined Full name. Sangay P. Choden
Age/Sex 19/4 bearing Citizenship ID /Passport /Voter card No.
11401000577 on (date) 27/4/2020 as a candidate applying for
(Specify purpose)
In my opinion, the person examined is (check appropriate box):
1. In a state of good physical and mental health, and there is nothing to
disqualify him/her on medical grounds for the purpose for which this certificate is issued.
2. Not fit for the specified purpose applied.
Additional comments:  Medic Afficer  Samper Goodral Josephal
Signature of Certifier:
Name: b. Somm Tobgay
Designation: 60mo BMHC Reg. No.; Mn- 422
Date (certificate is signed): 27/4/2020
Of the Olstric This certificate is valid for a period of two years from the date of issue.

The examining doctor should carry out pre-employment medical screening as indicated below: For general purpose-form A; driving purpose – form B; food handler-form C; expatriate workforce-form D; Industrial workforce-form E