



དཔལ་ལྷན་འབྲུག་གཞུང་།  
གསོ་བ་ལྷན་ཁག།

ROYAL GOVERNMENT OF BHUTAN  
Ministry of Health



Reg. No. 112506

Medical Certificate

I certify that I have examined

Full name Choki Wangchuk

Age/Sex 20/m bearing Citizenship ID /Passport /Voter card No.

11211000 252 on (date) 25/3/2020 as a candidate applying for

(Specify purpose) Camp. C Studies

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:

Signature of Certifier: \_\_\_\_\_

Medical Officer  
Samtse General Hospital  
Samtse

Name: Dr. Sonam Tobgye

Designation: Geno BMHC Reg. No.: MM-422

Date (certificate is signed): \_\_\_\_\_

25/3/2020



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