**ROYAL GOVERNMENT OF BHUTAN**

 **Ministry of Education and Skills Development**

**Scholarship Programme**

**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)

1. Course of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Age & Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name of father/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_
4. Address (in Bhutan): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel. \_\_\_\_\_\_\_\_\_\_\_Mobile. \_\_\_\_\_\_\_\_\_\_\_\_\_ Fax. \_\_\_\_\_\_\_\_\_

1. Emergency Contact Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile. \_\_\_\_\_\_\_\_\_\_\_\_\_Fax. \_\_\_\_\_\_

1. Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Proficiency in English
3. Excellent/Good/Fair : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Examination passed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Examination passed** | **Examining Agency** | **Year of Passing** | **Subjects Studied** |
|  |  |  |  |
|  |  |  |  |

1. **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:

 Scholarship Programme

Ministry of Education and Skills Development,

Thimphu, Bhutan. Post Box No. **156**.

Tel. # +975-2-346848/335833/332248, Tele/Fax # 332101

Email Address: sssd@moe.gov.bt