

ROYAL GOVERNMENT OF BHUTAN
DEPARTMENT OF OCCUPATIONAL STANDARDS
Ministry of Labour and Human Resources
ACCREDITOR TRAINING REGISTRATION FORM

*Please fill up in the BLOCK LETTER

Occupation applied for: _____

Name: _____ Citizenship ID Card No: _____

Date of Birth (DD/MM/YY): _____

Present Address/Institute: _____ Mobile No: _____

_____ E-mail ID: _____

1. QUALIFICATION ATTAINED

QUALIFICATION	SCHOOL/INSTITUTE	YEAR OF COMPLETION

2. WORK EXPERIENCE (START WITH THE MOST RECENT)

Date(From-Till)	EMPLOYER/ADDRESS	Responsibilities	POSITION

3. TRAINING RECORD

COURSE TITLE	TRAINING INSTITUTE/ADDRESS	DURATION

I hereby would like to state that the information furnished above is true and correct to the best of my knowledge. Completion

Certified and correct: _____

Applicant's Signature

NB: Attach a copy of Degree Certificate and evidence of work experience from respective organizations.