

्रवरम्पते मुर्शे नः रेग् म्यते र्श्लेन र्रेंग्शा

गे'सर'कुल'र्य'गर्स'र्रम्ग'गर्दुग'लग'र्सुन'स्

FACULTY OF TRADITIONAL MEDICINE KHESAR GYALPO UNIVERSITY OF MEDICAL SCIENCES OF BHUTAN KAWANG JANGSA, THIMPHU



Annexure A

Sorig Alumni Association Membership Form

The Faculty of Traditional Medicine aims to promote interaction and strengthen the friendships between the faculty, graduates and trainees to facilitate lifelong learning in order to uphold the sanctity of Sowa Rigpa. Therefore, an alumni association has been established in order to foster an enduring connection between the Faculty and among its alumni.

Please fill up the following details

- 1. Personal Details:
 - a. Name:
 - b. Gender:
 - c. Citizenship Identity Card No.:
 - d. Village:
 - e. Gewog:
 - f. Dzongkhag:
 - g. Programme:
 - h. Year of graduation:
 - i. Phone Number:
 - j. Email ID

| 2. E | mployment Details (if employed) |
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| a. | Name of Organization: |
| b. | Designation: |
| c. | Hospital/BHU/others: |
| d. | Dzongkhag: |
| 3. I | agree to pay an amount of Nu. 1000/- as Sorig alumni membership fee. |
| | verify that the details provided above are true and correct and confirm my egistration. |
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| | |
| Signatur | e |
| Data | |
| Date: | |
| | ne Sorig Alumni Association Charter may be downloaded from the faculty website n.edu.bt). |
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