



BCCI EMPLOYMENT APPLICATION FORM
(Fill in **BLOCK** letters only)

Affix
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size picture

POST APPLIED FOR:.....

PERSONAL DETAILS	Name in Full:	
	Sex (Male/Female):	Religion:
	Village/Municipality:	Gewog:
	Dungkhag:	Dzongkhag:
	Citizenship ID No:	Date of Birth: (dd/mm/yyyy)
	Mailing Address:	
	Place:	
	Mobile No:	Email:

FAMILY DETAILS	Relationship	Name	Occupation	Address
	(a) Father			
	(b) Mother			
	(c) Guardian			
	(d) Spouse			

I have **NOT**:

- been convicted of a criminal offence;
- been terminated or compulsorily retired from the earlier employment;
- been adjudged medically unfit for employment by a competent medical doctor;
- furnished fake/forged testimonials/documents; and
- Participated in politics/completed the minimum 'cooling off period' of three years.

Head Office: Post Box No. 147, Doebum Lam, Chubachu – Thimphu 11001, Bhutan
Tel: +975 2 324254/322742, Fax: +975 2 323936, E-mail: info@bccci.org.bt URL: www.bccci.org.bt

Regional Office Address:

Phuentsholing
Tel: 05 254961
Fax: 05 254960

Bumthang
Tel: 03 631210
Fax: 03 631187

Mongar
Tel: 04 641293
Fax: 04 641358

Gelephu
Tel: 06 252021
Fax: 06 252022

Samdrup Jongkhar
Tel: 07 251813
Fax: 07 251814



འབྲུག་ཚོང་དང་བཟོ་གྲུ་འེ་ཚོགས་སྒྲེ།

Bhutan Chamber of Commerce & Industry
Towards Private Sector Development

ACADEMIC QUALIFICATION (Please start with institute last attended)	Name of Institute	Country	Field of study	Year of completion	Marks obtained in %	

EMPLOYMENT HISTORY (if applicable)	a) Present or most recent post	b) Previous post
	Employer:	Employer:
	Years of service (from-to):	Years of service (from-to):
	Title of your post/position:	Title of your post/position:
	Salary per month:	Salary per month:
	Name of supervisor & title:	Name of supervisor & title:
	Type of organization: Govt./Semi Govt./Corporation/Private/NGO	Type of organization: Govt./Semi Govt./Corporation/Private/NGO

LANGUAGES	MOTHER TONGUE:	PROFICIENCY				
	Languages	Can understand	Can speak	Can read	Can Write	

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DECLARATION:

I hereby certify that the information given herein is true and complete to the best of my knowledge. In the event of detection of false or misleading information, I understand that the BCCI shall cancel/reject my application. I also undertake to abide by all Rules and Regulations.

Date of application:

Signature of Applicant
(Affix Legal Stamp)

Note: This form should be accompanied by copies of academic transcripts, training, Security Clearance Certificate (online), Medical Fitness Certificate, Citizenship ID Card copy.

For use by the recruiting Agency

Verified by:

Name:

Designation:

Signature:

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