



དཔལ་ལྷན་འབྲུག་གཞུང་། གསོ་བ་ལྷན་ཁག་ འབྲུག་བཟའ་ཆས་དང་སྒྲིན་རིགས་དབང་འཛིན།

ROYAL GOVERNMENT OF BHUTAN
MINISTRY OF HEALTH
BHUTAN FOOD AND DRUG AUTHORITY

INSPECTION SERVICES



APPLICATION FOR FOOD HANDLERS TRAINING

Part I: Personal Information

Name:	Nationality:	CID/Permit No.
Date of Birth:	Sex: M / F	Scope: Food Processing units/F & B Services/ Meatshops
Affiliation:	Preferred Training Date (to be given by respective BFDA field offices):	Preferred Training Venue (Location of BFDA field offices):
Residential Address:		
Contact Number:		

Part II: DECLARATION (To be agreed and signed by the applicant)

I accept that I will report to my supervisor and restrain from handling food if I suffer from an illness involving any of the following medical conditions. I understand that failure to comply with this agreement could lead to regulatory action by BFDA.

1. Hepatitis A
2. Diarrhoea
3. Vomiting
4. Fever
5. Sore Throat with Fever
6. Visibly Infected Lesions (Boils, Cuts, etc. However Small)
7. Discharge from Ear, Eye and Nose.

Name and Signature of applicant

Date: