



REGISTRATION FORM
Functional Literacy and Possession of Skills Test

To

.....**Dzongkhag/Election Commission of Bhutan**

Indicate the option contesting for which office in the box provided:	Gup <input type="checkbox"/>	Mangmi <input type="checkbox"/>	Tshogpa <input type="checkbox"/>	Thuemi <input type="checkbox"/>	
1. Full Name:	2. Date of Birth		3. Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
4. VPIC No.			5. Demkhong:		
6. (a) Dzongkhag:	(b) Gewog/Thromde:		(C) Village:		
7. (a) Contact Address:			(b) Contact Number:		
<p>8. Declaration:</p> <p>I hereby affirm that the above information and the required documents attached herewith are true and complete to the best of my knowledge. In the event of detection of false or misleading information, I understand that the ECB shall cancel/reject my application.</p>					
SIGNATURE			Date (/ /)		
Official use only					
Received by			Date (/ /)		
Signature and Seal			Date (/ /)		