



**Ministry of Agriculture and Forests**  
**Bhutan Agriculture and Food Regulatory Authority**  
**INSPECTION SERVICES**

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**APPLICATION FOR FOOD HANDLERS TRAINING**

**Part I: Personal Information**

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

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

I have understood the rules of personal hygiene and of hygienic food handling practices.  
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 BAFRA.

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.



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Name and Signature of applicant

Date:

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