



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

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



INSPECTION SERVICES

IN-COUNTRY MOVEMENT PERMIT FOR PLANT AND PLANT PRODUCTS

Serial No.

Date:

Permission is hereby granted to Mr./Ms.bearing Citizen ID No./Nursery registration No./Official (head of agency)..... of.....village under.....Geog of.....Dzongkhag to move following Plants and Plant Products:

Sl. No.	Commodities	Quantity	Remarks
1.			
2.			
3.			
4.			
5.			

FROM.....DZONGKHAG TO.....DZONGKHAG via (route)

SOURCE/ORIGIN OF PRODUCTS:.....

PURPOSE OF MOVEMENT:.....

MEANS OF CONVEYANCE: BY VEHICLE/AIR (Vehicle No.)

THIS PERMIT IS VALID FOR A PERIOD OF.....DAYS FROM THE DATE OF ISSUE.

This permit is subject to cancellation at the discretion of the Director of Bhutan Food and Drug Authority, Ministry of Health, Thimphu, Bhutan.

Name & Signature:
Designation:

Seal:

Copy to:

1. The Director, BFDA, MoH Thimphu
2. The Officer In-charge, BFDA,Dzongkhag for necessary information.