



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

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



INSPECTION SERVICES

APPLICATION FORM FOR IN-COUNTRY MOVEMENT PERMIT OF PLANT, PLANT PRODUCTS

To  
Officer In-Charge  
Bhutan Food and Drug Authority  
Ministry of Health  
\_\_\_\_\_ Dzongkhag

The undersigned hereby applies for a permit authorizing the movement of plant/plant products as per details given below:

Sl.No.	Common Name	Scientific Name	Variety	Quantity

\*Use additional sheet if required.

Name of owner and address:	
Citizenship ID No:	
Source/Origin of product:	
Purpose of movement:	
Date of movement (travel):	
Date of arrival at destination:	



དཔལ་ལྷན་འབྲུག་གཞུང་། གསོ་བ་རྒྱན་ལག འབྲུག་བཟའ་ཚས་དང་སློན་རིགས་དབང་འཛིན།

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Movement from (Dzongkhag & Gewog):	
Destination (Dzongkhag & Gewog):	
Means of conveyance/vehicle No	

Name & Signature of Applicant  
Date:

*\*Application to be signed by the Head of the Institution*