



དཔལ་ལྷན་འབྲུག་གཞུང་། གསོ་བ་ལྷན་ཁག འབྲུག་བཟའ་ཆས་དང་སླན་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

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

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:

<i>Doc. No: BFDA-IS-FM-150</i>	<i>Prepared by: Technical Manager</i>	<i>Approved by: Division Head</i>	<i>Page 1 of 1</i>
<i>Issue No: 02</i>	<i>Issue Date: 15 March 2023</i>	<i>Revision No: 01</i>	<i>Revision Date: 29 April 2024</i>