

क्षेत्रे वह क्षेत्र प्रशासुहरू

वरःश्चेरःदरः श्चेंवायहिवःध्रुवावगा

DEPARTMENT OF IMMIGRATION MINISTRY OF HOME AND CULTURAL AFFAIRS THIMPHU: BHUTAN



APPLICATION FORM FOR SPECIAL PERMIT FOR RESTRICTED AREAS (TOURIST AND OTHERS)

1.	Name in full (Capital Letter) N	Mr. /Mrs./Miss
2.	Nationality:	3. Place and date of birth
3.	Profession/ Occupation	
4		
PAR	TICULARS OF PASSPORT C	OR OTHER TRAVEL DOCUMENT
a) No:	
b) Date of issue:	c) Place of Issue:
5	Proposed place (s) of visit in Bhutan:	
6	Address in Bhutan:	
7	Duration of visit/stay in Bhutan:	
	From:	to:
8	Reason for visiting Bhutan:	
		Signature of applicant
Reco	ommendation of the department/ r	ministry in Bhutan (if applicable).
Nam	e:	

NOTE 1. If any particulars furnished above are found to be incorrect in Visa/Permit if granted is liable to be cancelled at any time.