



འཇམ་ལྷན་ཁག་གི་འཕེལ་རྒྱུ་ལྟེན་འགྲུལ་ལྟེན་འགྲུལ་ དཔལ་ལྷན་འཇམ་ལྷན་གཞུག་གི་འཕེལ་རྒྱུ་ལྟེན་འགྲུལ་

Ministry of Energy and Natural Resources
Royal Government of Bhutan
Office of the Bhutan Power System Operator
Thimphu: Bhutan



BPSO Job Application Form



1. **Full Name:**

Gender: M F

2. **Permanent Address:**

Village/Municipality:
Gewog:
Dzongkhag:

3. **Date of Birth:** Day Month Year

Citizenship ID No: XXXXXXXXXXXXX

Nationality:

Employee No if applicable:

4. **Post Applied For:**

5. **Mailing Address:**

6. **Contact Tel. No.:** (M) _____ (O) _____

7. **I have:**

- a) Not been convicted of a criminal offence;
- b) Not been terminated or compulsorily retired from the any agency except in case of insolvency;
- c) Voluntarily resigned from any agency;
- d) Not been adjudged medically unfit for employment by a registered medical practitioner;
- e) Not intentionally provided false information in the application for employment or used fraudulent practices in the recruitment examination;
- f) Not furnished fake/forged testimonials/documents;
- g) Not failed to furnish testimonials as required; and
- h) Not been otherwise disqualified for appointment.



འཇམ་ལྷན་ཁང་གི་མཚན་མོ་རྒྱུ་ལྷན་ཁག་ དཔལ་ལྷན་འཇམ་ལྷན་གཞུང་།

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8. Academic Qualification: *(please start with the Institute last attended)*

Name of Institute	Country	Subjects	Year of Completion	Division	Degree	Diploma	Certificate

9. Training

Name of Institute	Country	Field of Study	Duration	Year of Passing	Div.	Degree	Dip.	Certificate



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11. Extra-Curricular Activities: *(please tick appropriate ones and attach attested copies of relevant certificates)*

- a) Literary ()
- b) Leadership ()
- c) Membership in Community/Association ()
- d) Awards received ()
- e) Others ()

12. Declaration: I hereby declare that the information given herein is true and complete to the best of my knowledge. In the event of detection of false or misleading information, I understand that the employer shall withdraw/terminate my service or take any legal action. I also undertake to abide by all Rules and Regulations of the agency.



(Affix Legal
Stamp)

Signature of Applicant

Date: DD/MM/YYYY