



དཔལ་ལྷན་འབྲུག་གཞུང་། གསལ་བརྒྱུ་ལག་ འབྲུག་བཟའ་ཆས་དང་སྐྱེན་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་ལྷན་ཁག་ འབྲུག་བཟའ་ཆས་དང་སྨན་རིགས་དབང་འཛིན།

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PRODUCTS

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*