



དཔལ་ལྷན་འབྲུག་གཞུང་།

རྒྱལ་གཞིའི་འབྲུག་ལས་ཁུངས་ལྷན་ཚོགས།



ROYAL GOVERNMENT OF BHUTAN
ROYAL CIVIL SERVICE COMMISSION
UNDERTAKING

I, Mr. / Mrs. / Miss
of Mr. /Mrs.
scholarship from
for studies in
in
and Country) for a duration of

son / daughter
hereby accept the offer of
(mention sponsoring Agency)
(mention the course)
(mention institute/university

I hereby undertake to:

1. Pursue the course and complete it within the duration specified.
2. Not change to another course or institute.
3. Abide by all rules and regulations of the Royal Government and the institute concerned.
4. Not discontinue the course and/or leave the institute prior to completion of the course without written consent from the Royal Civil Service Commission.
5. Complete my training/studies, return to Bhutan and continue in the services of my Agency for a minimum period of two times the duration of the course.
6. Pay to the Government an amount equal to two times the expenses incurred by the Government/Agency on the training if:
 - i. I discontinue the training for a reason other than ill health; or
 - ii. I do not serve the Government two times the duration of the course upon completion of training

I, hereby do confirm that I have been briefed on all rules governing my training and I have understood them, including the implication and consequences of deviating from them.

Contd/-



དཔལ་ལྷན་འབྲུག་གཞུང་།

རྒྱལ་གཞུང་ཞི་གཏོག་ལྷན་ཚོགས།

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In particular, I understand that in the event that I do not adhere to any one of the above stated conditions, the guarantor and/or I shall be liable for legal action by the Royal Government.

Place:

Sd/-
(Affix Legal Stamp)

Date :
Name & Office address :

Caution: This is an important legal document and therefore, should be executed after clearly understanding all the responsibilities, liabilities and implications.

In the event of any failure on the part of the above named person to abide by this undertaking, _____ resident of _____ hereby undertake to refund to the Government the stipulated amount or accept my liability to any other penalty as may be decided by the Government.

In the event that I do not adhere to the above, I understand that I shall be liable for legal actions by the Government.

Place:
Date:

Sd/-
(Affix Legal Stamp)

Name of Guarantor.....
Occupation.....
Present Address.....
Village.....
Mailing Address.....

Witnesses

1.....2.....