

**ROYAL GOVERNMENT OF BHUTAN
MINISTRY OF LABOUR AND HUMAN RESOURCES
DEPARTMENT OF EMPLOYMENT**

INTERNSHIP/ PEEP PROGRAM

Requisition form

Department/ Division: _____

Telephone No. (ext): _____

Please tick the duration of attachment:

1. One Month

2. Two Months

3. Three Months

SL.No.	Qualification	Gender		Slots	Purpose
		M	F		
1					
2					
3					
4					
5					
6					
7					

Contact person:

Signature: _____

.....
Approved by the Department

Name: _____

Designation: _____

Date: _____

Contact Number: _____

Endorsed by Chief Employment Officer, ESD

*Please send the duly filled in form and submit to the Program Officer, Department of Employment.
Contact no. (333867)Ext. 2083*