

**ROYAL GOVERNMENT OF BHUTAN**  
**MINISTRY OF LABOUR AND HUMAN RESOURCES**  
**DEPARTMENT OF HUMAN RESOURCES**  
**APPRENTICESHIP TRAINING PROGRAM**

**Vacancy Form**

Enterprise/Organization: \_\_\_\_\_

Location : \_\_\_\_\_

Telephone No : \_\_\_\_\_ Fax No: \_\_\_\_\_

*Please indicate the field and employment opportunity scope in your company after the completion of training.*

SL. No	Occupational Field	No of Slots	Employment Opportunity		Remarks
			Yes	No	
1					
2					
3					
4					
5					

**\*\*\*Please attach a copy Valid Business License**

**Contact Person:** Name \_\_\_\_\_ Designation/Official Seal: \_\_\_\_\_

**Date:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*Please send the duly filled form either by post or fax to **Program Coordinator (ATP)**, Department of Human Resources. Fax: 02-324846. For information please contact at 02-327337(Ext. 2123) Email: atpdhr@gmail.com*