

**FORM - I**

**APPLICATION FOR ESTABLISHMENT**

I/we.....of.....hereby applies for the grant of a provisional technical authorization to establish gSoba-Rigpa Spa and Wellness Services, and I/we have attached the following documents:

- a. Business plan
- b. Location of the proposed site with pictorial presentation or sketch map of the proposed 'gSobaRigpa Spa and Wellness' plan,
- c. Memorandum of Association or Article of Incorporations of the firm including organizational chart, if it is a joint venture or affiliated.
- d. Graphic Layout of the premise detailing on the intended services.
- e. Description of the layout of the premise where applicable.
- f. List of key technical personnel along with their qualification.
- g. List of gSobaRigpa Spa Services intended to be established.
- h. List of equipment to be used for gSobaRigpa Spa Services.
- i. Waste management plan
- j. Copy of Citizenship Identity Card/Resident Permit No.
- k. Location Clearance from the Dzongkha/Drungkhag/Thromdoe for the establishment

The Center is expected to be operation w.e.f. ....

Application fee Paid: Nu.....in words.....

Receipt no..... (Attach copy)

**Declaration (please tick the boxes)**

I, hereby declare that the documents submitted above/all information provided is true to my knowledge and will be liable for any consequences if any information provided is found false or misleading.

If my application is granted, I shall abide by the relevant Acts, Regulations and Guidelines of the country.

Thanking you,

Signature of applicant:

Name & address

Contact no:

**FORM-II**

**PROVISIONAL APPROVAL**

APPROVAL NO.:

This is to certify that: Mr./Mrs./Miss..... (Name of holder of provisional approval) holding CID/Passport No.: ..... is granted a provisional technical authorization to set-up: .....gSoba-Rigpa Spa and Wellness Services to be known as: ..... to be situated at: .....

This provisional approval is valid from:

...../...../..... to ...../...../.....

Application fee Paid: Nu.....In words.....

Receipt no..... (Attach copy)

Seal of DoTMS

Director General/Director  
DoTMS  
Place  
Date:

**FORM - III**

**APPLICATION FOR TECHNICAL AUTHORIZATION  
(NEW/RENEWAL)**

I/we .....of.....hereby apply for technical authorization for the *gSoba-Rigpa Spa and Wellness Services*, and I have attached the following final documents:

- a) *Description of the layout of the services in the Center,*
- b) *List of key technical personnel along with their qualification and BMHC registration certificate,*
- c) *List of gSobaRigpa Spa and Wellness Services submitted for approval,*
- d) *List of equipment.*
- e) *List of specific SOPs*
- f) *Copy of provisional approval and trade license,*

The Center is expected to be operation with effect from.....  
Application fee Paid: Nu..... in words.....  
Receipt no..... (*Attach copy*)

**Declaration (please tick the boxes)**

I, hereby declare that the documents submitted above/all information provided is true to my knowledge and will be liable for any consequences if any information provided is found false or misleading.

If my application is granted, I shall abide by the relevant Acts, Regulations and Guidelines of the country.

Signature of applicant:

Name & address

Contact no:

FORM - IV

TECHNICAL AUTHORIZATION CERTIFICATE  
(NEW/RENEWAL)

Types of Service.....

REGISTRATION NO.:

This is to certify that: Mr./Mrs./Miss.....  
(Name of holder of certificate of registration) holding CID/Passport No.:  
..... is granted a certificate of registration to operate:  
..... (gSoba-Rigpa Spa and  
Wellness Services) known as: .....  
situated at: .....

List of Technical Employee:

Sl.#	Name	Designation	Qualification	DoTMS Reg. #

The technical employee listed under this certificate shall be accountable to relevant Acts, Regulations and Guidelines of the country. Their services shall not be transferrable or provide additional references to other centers without prior approval of DoTMS, MoH.

This Technical Authorization certificate is valid from: ..... Day of .....  
...../...../..... to ...../...../.....

Application fee Paid: Nu..... In words.....

Receipt no..... (Attach copy)

Seal of DoTMS

Director General/Director  
DoTMS  
Place  
Date:

**FORM - V**

**APPLICATION FOR CHANGE OF OWNERSHIP/NAME OF  
HEALTHCARE SERVICES/NAME OF TECHNICAL EMPLOYEE  
/LOCATION**

I/we .....of.....apply  
for the change of ownership/name of *gSoba-Rigpa* Spa and Wellness  
Services/name of technical employee/location for the following *gSoba-Rigpa*  
Spa and Wellness Services.

<b>Sl. No.</b>	<b>Existing Names</b>	<b>Proposed/New Names</b>

Application fee Paid: Nu..... In words.....

Receipt no..... (*Attach copy*)

Signature of applicant:  
Name & address  
Contact no: