རྒྱལ་ཡོངས་ཁྲིམས་སྡེའུ་ཀུང་།
རྒྱལ་ཡོངས་ཁྲིམས་ཤན་ཁབས་ཅོག་ཀུང་། གསོ་བ་ཚུགས་ཁང་།
NATIONAL TRADITIONAL MEDICINE HOSPITAL
NATIONAL CENTRE FOR TRADITIONAL MEDICINE SERVICES
MINISTRY OF HEALTH, THIMPHU: BHUTAN

ELECTRICAL EQUIPMENT/APPARATUS MAINTENANCE FORM

Form No.: NTMH/ADMIN-04

Name of the Item:

RECEIPT				ISSUE			STOCK BALANCE	Signature
Date	Quantity	Unit Rate	Total Amount	Quantity Issued To (Name of the Department/Unit/Drungtsho/Menpa/Others)	Quantity Issued	Remarks		