རྒྱལ་ཡོངས་ནང་སྨན་ཁང་།
རྒྱལ་ཡོངས་ནང་སྨན་གཞས་དཔེ་ཁང་། གསོ་བ་ཚུན་ཚོད།
NATIONAL TRADITIONAL MEDICINE HOSPITAL
NATIONAL CENTRE FOR TRADITIONAL MEDICINE SERVICES
MINISTRY OF HEALTH, THIMPHU: BHUTAN

PLUMBING EQUIPMENT/APPARATUS MAINTENANCE FORM

Form No.: NTMH/ADMIN-05

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		

E-mail: ntmh@health.gov.bt Medical Superintendent: +975-2-322937 Fax No. 323012 P.O. Box 297