

धेषा"अ८'THA(05)/2020/



## **UNDERTAKING**

I, undersigne	ed would	like to requ	est the Depart	tment of	Immigra	ation to	o cancel the	record of
foreign wo	orker(s)/	student/spo	use/dependent	(list	below/	list	attached)	approved
against					• • • • • • • • • • • • •			
construction/	firm/ager	ncy/institutio	n/me with imm	ediate ef	fect.			
•			elled foreign w			-	-	
			tion authorities tion Rules in fo		em inside	the Ki	ngdom, I fu	lly agree to
bear the pena	ity as per	me miningra	non Kules III 10	nce.				
	7							
Legal								
stamp								
(Signature)	_							
Name:				(E	mployer/	Institut	ion/Bhutane	ese Spouse)
Organization	•							_
Location:								
Contact No								
	1							
Legal								
stamp								
(Witness's)								
· ·								
Contact No								