<u>UNDERTAKING FORM</u>				
following	undersigned holding Cimployee/FWRA ofg foreign worker(s) to work	at	would like to apply	for new/re-entry of
		For new foreign workers:	For re-entry of valid Work Permit holder:	
SI. no.	Name	Voter ID/ Passport no.	Work Permit no.	Job Category
		·		
/ <b>A</b> L L l	additional descriptions to di			
(Attach a	additional sheet if required)			
Towards	this, I understand that:			
(i)	It shall be mandatory, without exception, for all foreign worker(s) granted entry to undergo 21-days quarantine at a designated facility.			
(ii) (iii)	Home quarantine shall not be permitted for any foreign worker.  All costs relating to quarantine, testing and medical treatment/intervention/evacuation, if required, shall be borne by the foreign worker/employer.			

- (iv) Costs of quarantine shall be as per rates approved by the government. Other costs relating to testing and medical treatment/intervention/evacuation, if required, shall be levied by the concerned agency.
- (v) On completion of quarantine, the foreign worker(s) shall be permitted to leave the facility, if they test negative.
- (vi) All foreign workers admitted into the country shall be required to comply with all Notifications issued by the government including COVID-19 safety protocols/advisories issued by the Ministry of Health.

I hereby affirm that all information provided by me is complete and correct. I understand that I shall be liable for prosecution by a court of law and/or any penalties/fines under Immigration Act of the Kingdom of Bhutan and any other laws, rules and regulations as may be applicable, for submission of false, fabricated or misleading information or documents for purposes of obtaining entry into the country and/or for purposes of obtaining a work permit.

botaining a work permit.				
•	Legal Stamp			
	and			
	Signature			
Name: Mobile No.:				