



ཕྱི་མི་ནང་སྐྱོད་ལས་ཁུངས།  
ནང་མི་དང་སྐོལ་འཛིན་ལྷན་ཁག།

DEPARTMENT OF IMMIGRATION  
MINISTRY OF HOME AND CULTURAL AFFAIRS  
ROYAL GOVERNMENT OF BHUTAN



**UNDERTAKING  
(FOR BHUTANESE TRAVELING ABROAD)**

I, ....., bearing Passport/Citizenship ID/Travel Document/Special Resident Permit/Others (please tick appropriate document) No. .... exiting from ..... and travelling to ..... on dated ..... fully understand and agree as follows:

1. I am fully aware of and understand the risks involved in traveling during the COVID-19 pandemic.
2. I am traveling on my own will and I shall take full responsibility for my health and safety should any emergency situation arise while I am out of the country.
3. Upon return to Bhutan, I shall be quarantined for a period stipulated by the government and I shall bear all costs of quarantine and medical treatment, if required.
4. In case I am infected by COVID-19, I shall not seek government's assistance both in terms of evacuation and medical treatment as I have adequate insurance coverage.

Affix legal stamp

Signature:  
Place:  
Date:  
Name:  
Email ID:  
Phone No.:

**Witness**  
Signature:  
Name:  
CID. No.:  
Mobile No.

**NOTE:** This is an important undertaking and should be signed after clearly understanding all the responsibilities, liabilities and implications.