



དཔལ་ལྷན་འབྲུག་གཞུང་། གསོ་བ་ལྷན་ཁག་། འབྲུག་ ཐིམ་ཕུ།  
**ROYAL GOVERNMENT OF BHUTAN**  
**THIMPHU: BHUTAN-11001**  
**DEPARTMENT OF MEDICAL SUPPLIES & HEALTH INFRASTRUCTURE**  
**Bio-Medical Engineering Division**



MOH/DMSHI/BMED/

**MEDICAL EQUIPMENT MOBILIZATION**

**Requesting Health Care Center**

Name of Health Centre : .....

Type of Medical Equipment requested : ..... Date: .....

Number of unit requested : .....

Reasons for requesting mobilization : .....

(Name) (MS/CMO/Adm) (Signature)

**Consenting Health Care Center**

Name of Health Centre : .....

Type of Mobilization :  Returnable basis  Permanent transfer

Details of Medical Equipment to be mobilised				
Equipment Name	Asset No.	Model	Manufacturer	Remarks

Comments (if any):  
 .....

(Name) (MS/CMO/Adm) (Signature)

Recommended / Not Recommended. Approved / Rejected.

**Chief Engineer, BMED**

**Director General, DMSHI**

**Remarks:**

1. Property Transfer Note Form No. PMM-4 of PMM 2016 should be completed by the transferor and transferee health centres in addition to this approval.
2. Related accessories and consumables should also be mobilized along with the equipment and mentioned in the Property Transfer Note Form.
3. The consenting health care center shall not submit new indents on ad hoc for the mobilized items in the middle of the financial year.