



ཚོམ་སྐྱིད་རང་ལུགས་བཟོ་རིགས་སློབ་ཁྲུང་།

**CHOKI TRADITIONAL ART SCHOOL**

P.O.BOX # 1118, KABESA, THIMPHU

Website: [http:// www.chokischool.com](http://www.chokischool.com)

Date: .....

**CTAS AIUMNI MEMBERSHIP FORM.**

Name:..... Batch:..... Course:.....

CID No:..... Village:..... Gewog:.....

Dzongkhag:.....

Current Address:.....  
.....

Mobile no:..... Email address:.....

I..... would like to become CTAS Alumni member from  
Date:.....till ..... and would like to contribute Nu..... (In  
word.....) as my contribution toward our school  
sustainability.

I will make the payment using the following options available:

- a. Deposit to bank care of CTAS.
- b. Deposit to bank by self to CTAS a/c. 21579002
- c. By Cash to CTAS office
- d. Other mention:.....

Thanking you.

Yours Sincerely,

Name:..... Signature.....

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*To be use by Office:*

*Application received date: ..... Signature of the focal person In charge:.....*

*Principal's Remarks:.....*