



اوتوريٽي ڪي بيغسا ان ڪنسلامن
ڪميٽي. دان عالم سڪيٽر
Safety, Health and Environment
National Authority

APPLICATION FOR AMENDMENT OF REGISTERED DESIGNATED WORKPLACE DOCTOR (DWD)

Application Ref. No. (For official use)	
<p>Instructions for completing the application form:</p> <ul style="list-style-type: none">• Fill out all the required information accurately.• Attach all necessary supporting documents according to the provided checklist. Please name each file using the following format: (File no.)(Document name) e.g. 1. Copy of Annual Practicing Certificate• Submit the completed application form and supporting documents via email to wshapplication@shena.gov.bn. Ensure the email subject line reads: Amend DWD application (Applicant's name) <p>Please note that any incomplete application will be automatically rejected.</p>	

A. PERSONAL DETAILS			
DMD Registration No.		Validity Period	
BWB Registration No.		Validity Period	
Applicant Name			
Contact No.			
Email Address			

B. DETAILS OF CHANGES (PLEASE SPECIFY THE CHANGES TO BE MADE)	
Current details	
New details	
Effective date	
Supporting documents	

C. DECLARATION

I hereby declare that all information and details provided in this application, along with any attached documents, are accurate to the best of my knowledge and belief. I understand that the Safety, Health and Environment National Authority (SHENA) reserves the right to reject this application if any of the information provided is found to be false or incorrect. If verification of any information in this application is needed, I authorise SHENA to conduct the necessary investigations.

Applicant's Signature

Date

FOR OFFICIAL USE ONLY

D. RECEIVED BY

Name		Signature	
Designation		Date	
Remarks			

E. ASSESSED BY

Name		Signature	
Designation		Date	
Remarks			

F. APPROVED BY

Name		Signature	
Designation		Date	
Decision	<input type="checkbox"/> Amendment Approved <input type="checkbox"/> Amendment Rejected		
Remarks			