

TDSWS APPLICATION FORM

Date:-.....

The Chairman
Dz Staff Welfare Scheme
Thimphu

Subject: **Application for the claim of staff welfare grant**

Sir,

I hereby declare that Mr/Mrs.....spouse/father/mother/child of the undersigned expired on.....at.....at.....Therefore, I would like to request the Chairman, TDSWS, Dzongkhag Administration, Thimphu to kindly sanction staff welfare grant as per the by-laws scheme. The death certificate/letter is attached herewith. I hereby declared that the above claim is true and no false claim is made here under my signature below.

Yours faithfully,

(Signature)

Name:.....
Designation.....
Present Address.....
CID No.....
Saving Account No.....

Verified by: Immediate Controlling Officer

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Verified that the death of his/her.....late.....found to be true, therefore, it is here by recommended for the grant of Nu.....only.

Approved by

Secretary
TDSWS
Dated.....

CHAIRMAN
Thimphu Dzongkhag Staff Welfare
Dated.....

**APPLICATION FOR THIMPHU DZONGKHAG STAFF WELFATE SCHEME
MEMBERSHIP**

Date:-.....

The Chairman
TDSWS
Thimphu

Sir,

1. I Mr/Miss.....do hereby declare that I have understood the terms n condition of the TDSWS as outlined. Having read, I wish to become a registered member of TDSWS.
2. I do also hereby declare that once I become a registered member of the TDSWS, I shall abide by the rules and regulations which may come into effect from time. In case, I am found guilty of breaching the Terms and condition of TDSWS, I may be terminated from the membership
3. I hereby authorize the TDSWS management to deduct my monthly contribution of Nu.....) only from my salary as described in TDSWS terms and conditions.

Home Address		Present Address	
Full Name		Employee ID No.	
CID Card No:			
House No.:		Designation	
Thram No.:			
Village:		Place of Posting	
Geog/Throm:			
Dzongkhag			

Signature.....

Full Name.....

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Mr/Mrs/Miss.....is herby registered as a member of TDSWS with effect from.....

CHAIRMAN

FORM II

FORM FOR DECLARATION OF DEPENDANTS(S)

Date:-.....

The Chairman
TDSWS
Thimphu

Dear Sir,

1. I Mr/Mrs/Miss.....hereby declare that the names mentioned below are my own living dependants:

Sl.#	Family Members	Name	CID No.	Date of birth
1	Spouse wife/husband			
2	Father			
3.	Mother			
4.	Child I			
5.	Child II			
6.	Child III			
7.	Child IV			
8.	Child V			

2. In the event of their demise, benefits as defined in TDSWS terms and conditions may be given to me.
3. I hereby nominate and confer on Mr/Mrs/Miss.....the right to receive the entire amount that may be payable to me by the TDSWS in the event of my death.
I hereby declared that all information given above is true and correct.

Signature (Affix legal stamp).....
Full Name.....
Address.....
Contact No.

Verified

By.....