FORM I -APPLICATION FOR MoIC STAFF WELFARE SCHEME MEMBERSHIP

The Chairman

MoICSWS

Thimphu.

Hon'ble Dasho,

I Mr./Miss………………………do hereby declare that I have understood the terms and condition of the **MoICSWS** as outlined. Having read, I wish to become a registered member of **MoICSWS**.

I do also hereby declare that once I become a registered member of the **MoICSWS**, I shall abide by the rules and regulations which may come into effect from time to time. In case, I am found guilty of breaching the Terms and Conditions of **MoICSWS**, I may be terminated from the membership.

I hereby authorize the **MoICSWS** management to deduct my monthly contribution of Nu;…………………../-(   ) only from my salary as described in **MoICSWS** terms and conditions.

Home Address		Present Address	
Full name		Employee ID No.	
CID card No;			
House No;		Designation	
Thram No;			
Village;		**Place of posting**	

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Royal Government of Bhutan
Thimphu: Bhutan

དཔལ་ལྡན་འབྲུག་གཞུང་། བརྡ་དོན་དང་བརྒྱུད་འཕྲིན་ལྷན་ཁག

Geog/Throm;			
Dzongkhag;			

Signature………………………

Full name………………………

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Mr/Mrs/Miss……………… ………..is hereby registered as a member of **MoICSWS** with effect from….

CHAIRMAN

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FORM II -FORM FOR DECLARATION OF DEPENDANT(S)

Date:

The Chairman,

MoICSWS

Thimphu.Hon'ble Dasho,

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

    i. Dependent 1   CID Card No………………………Date of birth……………
    ii. Dependent 2   CID Card No………………………Date of birth……………
    iii. Dependent 3   CID Card No………………………Date of birth……………
    iv. Dependent 4   CID Card No………………………Date of birth……………

Nominee

2.   In the event of their demise, benefits as defined in **MoICSWS** terms and conditions may be given to me.

I hereby nominate and confer on Mr/Mrs/Miss…………………………..the right to receive the entire amount that may be payable to me by the **MoICSWS** in the event of my death. The member shall also submit the required documents for nomination

I hereby declare that all information given above is true and correct.

Signature…………….

Full Name……………..

Address………………

Verified By…..

དཔལ་ལྡན་འབྲུག་གཞུང་། བརྡ་དོན་དང་བརྒྱུད་འཕྲེལ་ལྷན་ཁག

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FORM III - APPLICATION FOR SEMSO/ADVANCE/REFUND/MEDICAL CLAIM

1. Name of the member/beneficiary…………….
2. Address/location………………………………………
3. Dzongkhag…………………………………………………
4. **MoICSWS** membership Number…………………
5. Applied for Semso/Advance/Refund/Medical claim: (Tick the relevant one)
   - **Death of Dependent/ medical claim**

   Name……………………………Citizenship ID No…………………….
   Age…………….

6. Documents to be enclosed:
   - Gup's death verification certificate with the birth and death registered no. verified by the geog administration.
   - Original death certificate from the hospital in the prescribed form issued from the hospital
   - Referral documents issued by the government in original.

I hereby declared that all the information provided herein is true and accurate.

Date: **Signature of applicant**

Verification by immediate controlling officer

I hereby declare that the information provided by the applicant is true to the best of my knowledge.

Name……………………..Date…………………………Signature……………………..

Approved by:

CHAIRMAN

MoICSWS, THIMPHU

FORM IV- MoICSWS APPLICATION FORM

The Chairman,   Date:
MoICSWS,
Thimphu.

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

Sir,

I hereby declare that Mr/Mrs………………..spouse/father/mother/son/daughter of the
undersigned expired on ………….at ……
Therefore, I would like to request the chairman, **MoICSWS**, Thimphu to kindly
sanction staff welfare grants as per the scheme. The death certificate/letter from gup is
attached herewith. I hereby declared that the above claim is true and in the event of
false claim. I may be penalized by the management.

Yours faithfully,

(Signature)

 Name…….

Designation…..

Present Address….

Membership #...

  Saving Acct.#...

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Verified by: Immediate Controlling Officer

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Verified that the death of his/her…………………..late……………..found to be true, therefore, it is hereby recommended for the grant of nu…..only.

Recommended by: **Approved by**

Member Representative
MoICSWS   **MoICSWS**