

SEMSO APPLICATION FORM



The President
Postal Staff Welfare Fund
Bhutan Postal Corporation Limited
Thimphu

Subject: Application for Semso

1. Name of the Member/ beneficiary: *Maya Devi Baskota*
2. Citizen ID No: *11811003303*
3. Division/Region: *Parang PO (Central Region)*
4. Welfare Grant availed for the demise of:
 - a) Name of deceased: *Dekura Devi Suberi*
 - b) Age of deceased: *62*
 - c) CID No. of the deceased: *11308003493*
 - d) Relation: *Mother In-law*

I hereby declare and assure that all the information provided above is true and accurate to the best of my knowledge.

Date:

Signature of Applicant

(Enclose photocopy of Death Certificate/official document of the deceased)



(For Official Use Only)

I hereby certify that the reason submitted by the applicant is true and would like to recommend for your kind approval.

(Head Division/Region)

I hereby declare that the reason submitted by the applicant is true as per our records and forward it for necessary consideration.

(Secretary)

Recommended for payment of welfare grant amounting to Nu. *93000/-* only

(Treasurer)

(President)

Approved/Not Approved

ROYAL GOVERNMENT OF BHUTAN

426 DEATH CERTIFICATE

DECEASED	Name :	Dekura Devi Suberi	CID No. :	11308003493	Age :	62	Gender : M/F	F	Date of Death	18/02/2025	Time of Death	7:55 pm.
	Occupation :	Housewife	Marital Status :	Married	Spouse Name :	Hem Lal Subedi						
	Fathers Name :	Kharanade Chogyi	Mother's Name :	Krishna Maya Chogyi								
	Village :	Jigmecholing	Gowog :	Jigmecholing	Dungkhag :	-	Dzongkhag :	Sarpang				
	Place of Death :	Phuentsholing Hospital	Date of Admission :									
	Name of Hospital :	Phuentsholing Hospital	Hospital Reg No. :									
CAUSES OF DEATH	Part I		Cause of death								Approximate interval between onset and death	
	Disease or condition directly leading to death.		a) Probable infectious infection									
	Antecedent causes Morbid conditions, if any, giving risk to the above causes starting the underlying condition last		b) Due to (or as a consequence of)									
Part II	Other significant conditions contributing to the death, but not related to the disease or condition causing it		c) Due to (or as a consequence of)									
			d)									
CERTIFYING PHYSICIAN	Name :	Dr. Tashi L. Yang	BMHC Reg. No. :	NM-079	Signature							
	Name :	Hem Lal Subedi	CID No. :	11308003492	Relationship :	Spouse	Signature					