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**DZONGKHAG ADMINISTRATION WANGDUEPHODRANG**

**STAFF WELFARE ASSOCAIATION**

**FORM NO. 1: MEMBERSHIP REGISTRATION FORM**

This is to state that I, ............................................................ bearing EID No. ............................................... working in .......................................................(Sector/Section) under the Dzongkhag Administration, Wangduephodrang has voluntarily joined as the member of the Wangduephodrang Staff Welfare Association w.e.f. the launch of the scheme.

I pledge to abide by the terms and conditions of the scheme.

**Place:  Sd/**

**Date: (Legal Stamp)**

**Signature**

|  |
| --- |
| Verfied by the HR Officer |

Date :

Name :

Signature :

Official Seal :

|  |
| --- |
| Approved by the President/Vice President |

Date :

Name :

Signature :

Official Seal :

** DZONGKHAG ADMINISTRATION WANGDUEPHODRANG**

**STAFF WELFARE ASSOCAIATION**

**FORM NO. 2- REGISTRATION FORM (for fresh recruits and transferred in)**

Upon appointment/transferred in this Dzongkhag Administration, Wangdue , I, …………………………………………… bearing EID # ………………………………… working in …………………………………….. (Sector/Section) has voluntarily joined as the member of the Wangduephodrang Staff Welfare Association w.e.f. ……………………………..

I pledge to abide by the terms and conditions of the scheme.

**Place:  Sd/**

**Date: (Legal Stamp)**

**Signature**

|  |
| --- |
| Verfied by the HR Officer |

Date :

Name :

Signature :

Official Seal :

|  |
| --- |
| Approved by the President/Vice President |

Date :

Name :

Signature :

Official Seal :

** DZONGKHAG ADMINISTRATION WANGDUEPHODRANG**

**STAFF WELFARE ASSOCAIATION**

**FORM NO. 3 – Nomination/Update Form**

1. **Information about the member**

Full Name: EID #:

Position Title & Level: Gender:

Sector/Section: CID #

Email id: Contact #:

Date of Birth:  Marital Status:

1. **Information about the family members:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl. No. | Name | CID # | Relationship | Percentage |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |

\*the percentage (%) of nomination is not necessary to be shared with all the family members

1. **Undertaking:**

I hereby do confirm that the above lists of nominees are my authenticated family member(s).

**Place:  Sd/**

**Date: (Legal Stamp)**

**Signature**

|  |
| --- |
| Verfied by the HR Officer Approved by the President/Vice President |

Date : Date :

Name : Name :

Signature : Signature :

Official Seal : Official Seal



**DZONGKHAG ADMINISTRATION WANGDUEPHODRANG**

**STAFF WELFARE ASSOCAIATION**

**FORM NO. 4 – Claim Form**

1. **Information about the deceased**

* Full name:
* CID #:
* Date of Birth (dd/mm/yyyy):
* Civil Servant? (Please tick) Yes No

If yes, provide the information below:

* EID #:
* Agency:

1. **Information of the claimant**

* Full name:
* CID #:
* Relationship to the deceased:
* Civil Servant? (Please tick) Yes No

If yes, provide information below

* EID #:
* Agency:
* e-mail id:
* Contact #:

1. **Attach the following documents:**

* Photocopy of the citizenship identity card of the claimant
* Photocopy of the citizenship identity card of the deceased
* Death certificate or a statement from the Gup certifying the death
* Birth Certificate in case of a claim is being made for an infant
* Marriage certificate in case of a claim is being made for the spouse
* Certificates for legally adopted from court

1. **Undertaking:**

I hereby do confirm that the above information is true to the best of my knowledge. In the event the above declaration is found to be incorrect, I shall be liable for action as per the law of the land.

**Place:  Sd/**

**Date: (Legal Stamp)**

**Signature**

|  |
| --- |
| Verfied by the HR Officer |

Date :

Name :

Signature :

Official Seal :

|  |
| --- |
| Approved by the President/Vice President |

Date :

Name :

Signature :

Official Seal :

|  |
| --- |
| Payment by the Treasurer |

Paid to: ……………………………………………………. Nu. ………………………………… in cheque (no) …………………………………………. Dated ………………………….. being semso grant in favour of late ……………………………………… bearing CID no. ………………………………………………..

**Name:**

**Signature:**

**Official Seal:**

** DZONGKHAG ADMINISTRATION WANGDUEPHODRANG**

**STAFF WELFARE ASSOCAIATION**

**FORM NO. 5 – Membership Opt-out Form**

This is to state that I, ........................................................... bearing EID No. ................................. working under ...................................................(Sector/Section) have opted to refrain from completing Registration Form 1 or 2 and would like to exercise my option not to become a member of the Wangduephodrang Staff Welfare Association (WSWA) of Dzongkhag Administration, Wangduephodrang.

I understand that the membership is a one-time option and that I can never become the member of the WSWA in the entire period in the Dzongkhag, nor avail of the benefits of this scheme as it evolves.

**Place:  Sd/**

**Date: (Legal Stamp)**

**Signature**

|  |
| --- |
| Verfied by the HR Officer |

Date :

Name :

Signature :

Official Seal :

|  |
| --- |
| Approved by the President/Vice President |

Date :

Name :

Signature :

Official Seal :