

APPLICATION FOR MEMBERSHIP

1. I hereby declare that once I become a member of Staff Welfare Scheme, I shall abide by the provisions of the Articles of Association. Further, I also hereby authorize the Chairperson/Fund Manager of the MoEA Staff Welfare Scheme of the Drawings and Disbursement Officer of the relevant office to deduct monthly contribution directly from my monthly salary.

2. Details

- a. Name :
- b. Designation :
- c. Ministry/Depart/Div :
- d. CID No. :
- e. Employee ID No. :

Signature

Full Name

(Affix a Legal Stamp)

Date

FOR OFFICIAL USE ONLY

Dasho/Mr/Mrs/Ms..... is hereby registered as a member of Staff Welfare Scheme, MoEA with effect from He /She have been allocated Registration No.....

**Secretary
Staff Welfare Scheme
MoEA, Thimphu**

NOTE: PLASE ATTACH A COPY OF CITIZENSHIP IDENTITY CARD

DECLARATION OF DEPENDENTS

1. Dasho/Mr/Mrs/Ms..... ID No.....
hereby declare that the names mentioned below are my dependents:-

a. Spouse (only one)

Name	CID No.	Date of Birth	Sex M/F
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b. Children (only direct children excluding adopted and step children)

1. Name	CID No.	Date of Birth	Sex M/F
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2. Name	CID No.	Date of Birth	Sex M/F
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3. Name	CID No.	Date of Birth	Sex M/F
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4. Name	CID No.	Date of Birth	Sex M/F
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5. Name	CID No.	Date of Birth	Sex M/F
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c. Name of Father	CID No.	Date of Birth
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d. Name of Mother	CID No.	Date of Birth
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e. Nominee (in case of both or one the parents is not living)

1. Name	CID No.	Date of Birth	Sex M/F
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2. Name	CID No.	Date of Birth	Sex M/F
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Please mention your relationship with the nominees.

Name and Signature

**Secretary
Staff Welfare Scheme
MoEA, Thimphu**