

DECLARATION OF MEMBERSHIP FORM

The Chairperson
Education Staff Welfare Scheme
Ministry of Education
Thimphu

I, Mr./Mrs./Ms.....holding RCSC Employee I.D.
No.....Designation....., do hereby declare
that I have read and understood the rules and regulations of the ESWS as outlined in its bye-laws.
Having read these, I wish to become a registered member of the ESWS.

1. I do also hereby declare that once I become a registered member of the ESWS, I shall abide by the rules and regulations of the ESWS as well as any amendments to these rules and regulations which may come into effect from time to time. In case I am found guilty of breaking the rules and regulations, I shall abide by the decision of the ESWS Managing Committee.
2. I hereby authorize the ESWS to deduct my monthly contributions and loan recoveries from my salary as described in the ESWS bye-laws.

Present Address:

.....
.....
.....
.....
.....

Home Address:

Citizenship I.D No (Attach copy):
House No:
Village:
Gewog:
Dzongkhag:
Contact No:
Email id:

Date of Birth:

Date & Year of Joining as Member:

Name of School/Institute/Organization (at least two or three/previous working details): ***

Submission Date:

(SIGNATURE)

(For Office use only)

Mr./Mrs./Miss. is hereby registered as a member of the
ESWS with effect from.....

Manager, ESWS

DECLARATION OF DEPENDENT FORM

1. I, Mr./Mrs./Ms..... do hereby declare that names mentioned below are my living dependents:

a. Spouse:.....
Date of Birth:.....
Citizenship I.D No:.....
Marriage Certificate No:.....

b. Children Name: Date of Birth:.....
Date of Birth:.....
Date of Birth:.....

c. Father Name: Date of Birth:.....
Citizenship I.D No:.....

d. Mother Name: Date of Birth:.....
Citizenship I.D No:.....

2. I attach herewith copies of citizenship ID cards of all my dependents mentioned above:

3. In the event of their demise, benefits, as defined in the ESWS bye-laws, may be given to me.

4. I hereby nominate and confer on Mr./Mrs./Ms.the right to receive the entire amount that may be payable to me by the ESWS in the event to my death.

I hereby declare that all the information given above is correct.

Submission Date:

(SIGNATURE)

Verified by:Signature (Seal).....
(Principal/Chief DEO/Dy.Chief TEO)

Verified by:Signature (Seal).....
(Concerned Head:(HQ,MoE /Institutes/Others)