

**MEMBERSHIP FORM (PDSWS Form No. 1)**

**The Chairman  
Punakha Dzongkhag Staff Welfare Scheme  
Dzongkhag Administration, Punakha.**

Dasho,

I .....hereby declare that having read and understood all the provisions of Punakha Dzongkhag Staff Welfare Scheme Bylaw; I become a registered member of PDSWS, I shall abide by rules and regulation which may come in to effect from time to time. In case; I am found guilty of breaching the rules and regulation, I shall abide by the action taken by the PDSWS Management Committee against me.

I hereby authorize the account/ treasurer concerned of the PDSWS to deduct Nu.100.00 (ngultrum one hundred) and Nu 50.00 only as a monthly contribution to the scheme as described in the PDSWS by-law.

Name:  
CID Number:  
Occupation:  
Contact Nos:  
Date:

Present working address

Permanent home address

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I also hereby declare that the names mentioned below are my living direct dependent.

a) Spouse Name.....CID No.....

b) Parents; (Father) Name.....CID No.....

(Mother) Name..... CID No.....

c) Children: Name..... CID No.....

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

*Signature and date*

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For recommendation use only:

Mr. / Ms.....is hereby registered as a member of PDSWS with effect  
from .....he/ she has been allocated registration #.....

Approved/not approved

*Signature of the CHAIRMAN*