

MEMBERSHIP FORM (PDSWS Form No. 1)

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

Dasho,

Ihereby 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

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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.....

Name..... CID No.....

Name..... CID No.....

Name..... CID No.....

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
fromhe/ she has been allocated registration #.....

Approved/not approved

Signature of the CHAIRMAN