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Subject: APPLICATION FOR SEMSO

1. Name of EWS Member/Beneficiary.....
2. Designation.....3. Division.....
4. Village.....5. Geog.....
6. Dungkhag.....
7. Dzongkhag.....
8. Semso availed for (tick the relevant one)

Death of spouse

Name.....
Citizenship ID No.....

Death of child

Name.....
Citizenship ID No.....

Death of Parent

Name.....
Citizenship ID No.....

Death of Parent-in-law

Name.....
Citizenship ID No.....

Death of Member

Name.....
Citizenship ID No.....

Death of Others

Name.....
Citizenship ID No.....

9. Documents enclosed:

- b) Gup's Death Verification Certificate with the Birth and Death Register No.
- c) Death Certificate from the Hospital in the prescribed Form issued by the Hospital.
- d) Any other documents

I hereby declare that all the information provided here is true and accurate.

Date: Signature of
Applicant

10. Verification

The information provided by the applicant has been verified from the records available in the office and found to be correct. I hereby declare that information provided by the applicant is true to the best of my knowledge.

Verified by Member Secretary, EWS

Approved by Chairman of EWS