

EMPLOYEE WELFARE MEMBERSHIP DECLARATION FORM

I, Mr./Mrs./Ms....., Employee No..... do hereby declare that I have read and understood the rules and regulations of the EWS. Having read and understood the conditions of the EWS, I hereby authorize the DCCL to deduct prescribed monthly contributions from my salary for the purpose of EWS.

I also hereby declare that names mentioned below are my living dependents:

a. **Personal Information**

Date of birth.....

Citizenship Identity Card No.....(copy attached)

House No.....Thram No.....

Village.....Geog.....

Dungkhag.....Dzongkhag.....

b. **Other Nominee Details (up to maximum of 8 nominees including self- Format attached as Annexure-I)**

- i) Employee's Spouse
- ii) Employee's Father/Mother
- iii) Employee's Children (one year above)
- iv) Parent-in-laws

Supporting documents required: Citizen Identity Card, birth certificates in case of children without CID, marriage certificate in case of spouse.

c. **Nomination to receive semso in event of employee death**

I, Mr./Mrs./Ms.....employee No.....do hereby nominate and confer on Mr./Mrs./Ms.(Husband/Wife/Son/Daughter/Father/Mother/Father-in-law/Mother-in-law), the right to receive the entire amount that may be payable to me by the EWS in the event to my death.

Disclaimer:

I hereby declare that the above information provided about the self and the nominees of the undersigned are true and correct. Should DCCL management prove that the information provided as above is/are false, I understand that I shall be liable for disciplinary and/or legal action(s) by the DCCL/forfeiture of Semso.

Dated Signature of Employee
Affix Legal Stamp

Name:

Designation:

Office:

Witness:

Dated Signature

Name:

Designation:

Division:

ANNEXURE-I

Name:

Relation:.....

Date of Birth:

Marriage Certificate No:

Citizenship Identity Card No:

Village:Geog:

Dungkhag: Dzongkhag:.....

Dated Signature of Employee

Name:

Designation:

Division:

ANNEXURE-I

Name:

Relation:.....

Date of Birth:

Marriage Certificate No:

Citizenship Identity Card No:

Village:Geog:

Dungkhag: Dzongkhag:.....

Dated Signature of Employee

Name:

Designation:

Division:

ANNEXURE-I

Name:

Relation:.....

Date of Birth:

Marriage Certificate No:

Citizenship Identity Card No:

Village:Geog:

Dungkhag: Dzongkhag:.....

Dated Signature of Employee

Name:

Designation:

Division:

ANNEXURE-I

Name:

Relation:.....

Date of Birth:

Marriage Certificate No:

Citizenship Identity Card No:

Village:Geog:

Dungkhag: Dzongkhag:.....

Dated Signature of Employee

Name:

Designation:

Division:

ANNEXURE-I

Name:

Relation:.....

Date of Birth:

Marriage Certificate No:

Citizenship Identity Card No:

Village:Geog:

Dungkhag: Dzongkhag:.....

Dated Signature of Employee

Name:

Designation:

Division:

ANNEXURE-I

Name:

Relation:.....

Date of Birth:

Marriage Certificate No:

Citizenship Identity Card No:

Village:Geog:

Dungkhag: Dzongkhag:.....

Dated Signature of Employee

Name:

Designation:

Division:

ANNEXURE-I

Name:

Relation:.....

Date of Birth:

Marriage Certificate No:

Citizenship Identity Card No:

Village:Geog:

Dungkhag: Dzongkhag:.....

Dated Signature of Employee

Name:

Designation:

Division: