

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:

1. Personal Information

1.1 Name :	
1.2 Citizenship Identity Card No : (Attached)	
1.3 House No:	
1.4 Thram No:	
1.5 Village:	
1.6 Geog:	
1.7 Dungkhag:	
1.8 Dzongkhag:	

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

- 2.1 Employee's Spouse
- 2.2 Employee's Father/Mother
- 2.3 Parent-in-laws
- 2.4 Employee's Children (one year above)
- 2.5 Employee's Children (Below one year)

For the above nominee follow supporting documents are required:

- a) Individual Citizen Identity Card
- b) Birth certificates in case of children without CID
- c) Marriage certificate in case of spouse

3. 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
 Name:
 Designation:
 Office:
 Affix Legal Stamp

Dated Signature of Witness
 Name:
 Designation:
 Office:
 Affix Legal Stamp

Nomination Annexure 1:

Death Details	Name	CID
1 Spouse		
2 Father		
3 Mother		
3 Mother-in-law		
4 Father -in-law		
5 Children above one year		
6 Children below one year(others)		