HSWS GRANT APPLICATION	ON FORM			HSWS	S/GAF/ II	ĺ
The Manager,			Date	2:		
Health Staff Welfare Scheme						
MOH: Thimphu.						
Sir/Mdm,						
	that Dr/Mr/Mrs/Ms					
(Spouse/Father/Mother/Son/	'Daughter of undersi It shall therefore, b	gned ex	•			
	law is released by HSWS man	_			_	
• •	ched herewith for your scrutir	•				
provided below:	•	•		, ,		
	Personal Details to be filled	in by membe	er applica	int		
*Applicant Name:				Gende	r: M	F
*CID No.		Employee	ID No.			
*Bank a/c No:	Name of	Bank		Branch		
*Valid Email id of the app	plicant:		*Co	ontact No	<u>.I.</u>	
*All fields are compulsory						
I hereby declare that the abo	ove claim is true and in the ev	ent the clain	n is found	d to be falsi	fied I shal	ll be
liable under the appropriate		citi tile elali	ii is roun.	a 10 00 141511		00
		Yours faith	ıfully,			
			·			
		Name & Si	gnature o	of the applic	ant memb	oer
Working agency:		Pho	one No			•••
	Endorsement of Contro	lling Officer:	·			
Verified and confirmed	that the demise of applic	ant's Father	r/Mother	/Son/daught	er/Father	ln-
				•		
so provided correct. I shall b	e liable if incase the above cla	im is found f	false.			
Name & Signature of the Co	ntrolling Officer		Offic	cial Seal of t	ne agency	,
						—
MOH, PABX: +975-2-322602	, 322351, 328092, 328093,				Page 1 of 2	<u> </u>

Ľ	SWS	GRANT	APPLICATION	FORM
I.	เวงงว	UKANI	APPLICATION	LOKM

HSWS/GAF/II

I	FOR	HSWS	OFFICE	USF	ONLY:
ı	UK	כשנח	OFFICE	USE	UNLT:

Based on the authority granted by HSWS by-la	aw The release of HSWS grant/semso Nu.
(In words) to the applicant/nominee
Dr/Mr/Mrs/Ms	
the demise of his/her dependent Late	
Endorsed by:	
	Approved by:
Name & Signature of HSWS Treasurer	
	Name and signature of approving authority

NB:

- 1. The application must be accompanied by;
 - a. Death certificate of the diseased issued by appropriate authority
 - b. Completed form (GAF-IV) must be scanned and emailed to Manager HSWS athswsmoh@gmail.com
 - c. Any other relevant documents supporting the claim of HSWS grant.