



གསོ་བའི་ལས་གཡོག་པ་མེད་དེ་ལས་འཆར།
HEALTH STAFF WELFARE SCHEME
Ministry of Health
Thimphu : Bhutan



HSWS GRANT APPLICATION FORM

HSWS/GAF- II

Date:.....

The Manager,
 Health Staff Welfare Scheme
 MOH: Thimphu.

Sub: Application for HSWS Grant.

Sir/Mdm,

I, _____ would like to state that
 Dr/Mr/Mrs/Ms.....(Spouse/Father/Mother/Son/
 Daughter of undersigned expired on..... at.....
 It shall therefore, be a great support to the family if the grant eligible as per the HSWS bylaw
 is released by HSWS management. The documents relevant to the diseased dependent/
 members is attached herewith for your scrutiny and record. I declare my personal details as
 provided below:

| Personal Details to be filled in by member applicant | | | | |
|--|--------------|-----------------|---|--|
| *Applicant Name: | | | Gender: M <input type="checkbox"/> F <input type="checkbox"/> | |
| *CID No: | | Employee ID No. | | |
| *Bank a/c No: | Name of Bank | Branch | | |
| *Valid Email id of the applicant: | | *Contact No | | |

***All fields are compulsory**

I hereby declare that the above claim is true and in the event the claim is found to be falsified,
 I shall be liable under the appropriate law.

Yours faithfully,

Name & Signature of the applicant member/Nominee

Working agency:.....

Phone No.....

Endorsement of Controlling Officer:



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Verified and confirmed that the demise of applicant's Father/Mother/Son/daughter/Father In-law/Mother In-law (late.....) is found true and details so provided correct. I shall be liable if incase the above claim is found false.

Name & Signature of the Controlling Officer

Official Seal of the agency

FOR HSWS OFFICE USE ONLY:

Based on the authority granted by HSWS by-law..... The release of HSWS grant/semso Nu. (In words.....) to the applicant/nominee Dr/Mr/Mrs/Ms..... Is hereby approved against the demise of his/her dependent Late.....

Verified & Endorsed by:

.....
 Name & Signature of HSWS Treasurer

Approved by:

.....
 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-II) must be scanned and emailed to Manager HSWS at- hswsmoh@gmail.com
 - c. Any other relevant documents supporting the claim of HSWS grant.