

DECLARATION OF MEMBERSHIP FORM

The Chairman
Education Staff Welfare Scheme
P.O Box 835
Thimphu

Sir,

DECLARATION OF MEMBERSHIP FORM

1. I, Mr./Mrs./Ms.....RCSC Employee I.D. No....., do hereby declare that I have read and understood the rules and regulations of the ESWS as outlined in its bye-laws. Having read these, I wish to become a registered member of the ESWS.
2. I do also hereby declare that once I become a registered member of the ESWS, I shall abide by the rules and regulations of the ESWS as well as any amendments to these rules and regulations which may come into effect from time to time. In case I am found guilty of breaking the rules and regulations, I shall abide by the decision of the ESWS Managing Committee.
3. I hereby authorise the ESWS to deduct my monthly contributions and loan recoveries from my salary as described in the ESWS bye-laws.

Present Address:

.....
.....
.....
.....

Home Address:

Citizenship I.D No:
(copy attached)
House No:
Village:
Gewog:
Dzongkhag:

Date of Birth:

Date & Year of Joining as Member:

Name of School/Institute/Organization (at least two or three): **

Submission Date:

(SIGNATURE)

(For Office use only)

Mr./Mrs./Miss. is hereby registered as a member of the ESWS with effect from.....He/she has been allocated Registration No.

**** Note: To find out your contributions.**

