

**FORM ESWS/2**

**APPLICATION FOR ESWS SEMSO**

1. Name of ESWS Member/Beneficiary………………………………….
2. Emp. ID No…………………………..…………………………………
3. CID No (attached copy)…………………………………………………
4. Designation……………………………………………………………….
5. Name of the School/Agency……………………………………………..
6. Dzongkhag………………………………………………………………
7. Saving A/c No/Bank Name/bank branch………………………………….
8. Email ID……………………………………………………………………
9. Contact No ………………………………………………………………..
10. Semso availed for (\*Tick the relevant one in case of Parents)

**Death of Spouse**

Name………………………………………….. (Attached CID Copy)

# Death of child

Name…………………………………………... (Attached CID Copy)

# Death of Parent (Tick Father/Mother)

Name…………………………………………….. (Attached CID Copy)

# Death of Member

Name……………………………………………. (Attached CID Copy)

**Documents enclosed**:

A) Gup’s Death Verification Certificate with the Birth and Death Register No.,

B) Death Certificate with seal from the Hospital in the prescribed Form issued by the Hospital I hereby declare that all the information provided here is true and accurate.

**Submission Date:** ………………………

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Signature of Applicant

# Verification by Principal/ DEO/ TEO (Schools)/Concerned Head (Institutes/HQ/Others)

I hereby declare that information provided by the applicant is true to the best of my knowledge.

The application has been duly noted in the school/Dzongkhag/Thromdey ESWS file.

Name: ………………………………………………………………

Date: …………………………Signature & seal: ……………………………….