



དཔལ་ལྷན་འགྲུག་གཞུང་། ཤེས་རིག་ལྷན་ཁག།
 Royal Government of Bhutan
 Ministry of Education



FORM ESWS/1.0

DECLARATION OF MEMBERSHIP FORM

The Chairperson
 Education Staff Welfare Scheme
 Ministry of Education
 Thimphu

I, Mr./Mrs./Ms.....holding RCSC Employee I.D. No.....Designation....., 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 scheme.

1. 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.
2. I hereby authorize the ESWS to deduct my monthly contributions and loan recoveries from my bank account as described in the ESWS bye-laws.

Present Address:

.....

Home Address:

Citizenship I.D No (Attach copy):.....
 House No.....
 Village:.....
 Gewog:.....
 Dzongkhag:.....
 Contact No:.....
 Email id:.....

Date & Year of Joining as Member:.....

Submission Date:.....

(SIGNATURE)

(For Office use only)

Mr./Mrs./Miss. is hereby registered as a member of the ESWS with effect from.....

Manager, ESWS



དཔལ་ལྷན་འབྲུག་གཞུང་། ཤེས་རིག་ལྷན་ཁག།
 Royal Government of Bhutan
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FORM ESWS/2.0

DECLARATION OF DEPENDENT FORM

1. I, Mr./Mrs./MS..... do hereby declare that names mentioned below are my living dependents which is updated in the EMIS system :

- a. Spouse:.....
 Citizenship I.D No:.....
 Marriage Certificate No:.....
- b. Children Name:.....

 Father Name:.....
 Citizenship I.D No:.....
- d. Mother Name:.....

 Citizenship I.D No:.....

2. In the event of their demise, benefits, as defined in the ESWS bye-laws, may be given to me.

3. I hereby nominate and confer on Mr./Mrs./Ms.the Right to receive the entire amount that may be payable to me by the ESWS in the event to my death.

I hereby declare that all the information given above is correct.

Submission Date:

(SIGNATURE)

Verified by:Signature (Seal).....
 (Principal/DEO/ TEO/Heads for HQ & Others)



དཔལ་ལྷན་འབྲུག་གཞུང་། ཤེས་རིག་ལྷན་ཁག།
 Royal Government of Bhutan
 Ministry of Education



STANDING INSTRUCTION FORM FOR ESWS MEMBER ONLY

Date: _____

The ESWS Manager
 Ministry of Education
 Kawangjangsa, Thimphu

SUBJECT: STANDING INSTRUCTION FOR ESWS MEMBERSHIP MONTHLY CONTRIBUTION PAYMENT

Dear Sir/Madam,

Please set up Standing Instruction on my account as follows;

Debit:

Saving Account Holder's name: _____

Account No. : _____

Bank Branch: _____

ESWS Membership Fee (Nu) 150/-

Amount in words (Total Amount): One Hundred Fifty Only

CREDIT:

ESWS Membership Contribution Account Holder's Name: ESWS Membership Account

Account No. : 202055031

Bank Branch: Thimphu

Please create the SI to transfer the ESWS Contribution from my SB account to the ESWS contribution account mentioned above on or immediately after 25th of the month. The SI should be enforced from _____ (Month & Year) and any changes shall be intimated accordingly.

I undertake to retain the ESWS Contribution amount in my SB account and I will be held liable for any over-dues including penalty charged by the Bank in case of insufficient balance for the contribution deduction.

Yours Sincerely,

Witness (*Need to be an ESWS Member)

Name & Signature: _____

Name & Signature: _____

CID No. : _____

CID No. : _____

EID No : _____

EID No: _____

Contact No. : _____