**FORM 3**

**(Benefit claimed under Section 9 by a member)**

The Chairman,

Staff Welfare Scheme,

Bhutan Standards Bureau.

Benefit claimed under **Section 9** by a member

1. Name of the member/nominee Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Citizenship ID Card No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Division \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Welfare grant availed for the demise of:
5. Name of deceased \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Citizenship ID Card No of the deceased \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby declare and assure that all the information provided above is true and accurate to my knowledge. In the event the details are false or untrue, I hereby undertake to follow the decision of the Management Committee and abide by the Laws of the land.

Date…………..

Signature

Full name & Designation

**For official use only**

I certify that the reason submitted by the applicant is true as per our record and recommendation/approval for the payment of welfare grant amounting to Nu………………..

Date:

Approved/not approved **Director General**

**Chairman**