



DEPARTMENT OF GEOLOGY AND MINES
STAFF WELFARE SCHEME

FORM D – INFORMATION UPDATION FORM

A. APPLICANT DETAILS:				
Name: *				
CID No.: *		D.O.B.: *		
Employment ID Number: *				
Mobile No.: *		Email Id.: *		
Marital Status: *	Single <i>(Need not fill Section B)</i>		Married	

B. DIRECT BENEFECIARIES:				
i. Spouse of the Member:				
Name: *				
CID No.: *		D.O.B.: *		
Mobile No.:				

(In case of more than one spouse, use additional sheet)

ii. Details of Children of Member:				
Sl. No.	Name*	CID No. (if applicable)	D.O.B.*	Gender*

C. IN-DIRECT BENEFECIARIES (nominee of the member):					
Sl. No.	Name*	Relation*	CID No.*	D.O.B.*	Gewog and Dzongkhag
1					

2					
3					
4					

D. BENEFICAIARY (S) OF THE MEMBER (in case of death of the member): *					
Sl. No.	Name*	Relation*	CID No.*	Share (%) *	Mobile No.

**All field with an asterisk (*) are mandatory*

DECLARATION
<i>By signing this form, I hereby declare that I have read and understood the Article of Staff Welfare Scheme of Department of Geology & Mines (SWS-DGM) and agree to abide by the provisions of Article of Staff Welfare Scheme.</i>

Date:

Place:

(Applicant's Signature)