



**DEPARTMENT OF GEOLOGY AND MINES
STAFF WELFARE SCHEME**

FORM A – MEMBERSHIP APPLICATION FORM

A. APPLICANT DETAILS:				
Name: *				
CID No.: *		EID No.: *		
D.O.B: *		Designation:		
Permanent Address: *	Village:		Gewog:	
	Dungkhag:		Dzongkhag:	
Mobile No.: *		Email Id.: *		
Marital Status: *	Single (<i>Need not fill Section B</i>)		Married	
Blood Group:				

B. DIRECT BENEFECIARIES:				
i. Spouse of the Member:				
Name: *				
CID No.: *		D.O.B: *		
Permanent Address: *	Village:		Gewog:	
	Dungkhag:		Dzongkhag:	
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 BENEFICIARIES (nominee of the member):					
Sl. No.	Name*	Relation*	CID No.*	D.O.B.*	Gewog and Dzongkhag*
1					
2					
3					
4					

D. BENEFICAIRY (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
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.

Date:	(Affix legal stamp) (Applicant's Signature)
Place:	