



NATIONAL PENSION & PROVIDENT FUND
THIMPHU BHUTAN

APPLICATION FORM FOR DISABILITY PENSION

FORM-IID

(To be filled in by the beneficiary in duplicate)

NPPFP NO

Personal Details

1.1 **First Name** _____ **Second Name** _____ **Surname** _____

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1.2 Citizenship ID No.(new):

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1.3 Date of Birth (as per service record only): Day _____ Month _____ Year _____

1.4 Date of joining the service: Day _____ Month _____ Year _____

1.5 Organization presently working: _____

1.6 Reported date of disablement: _____

1.7 Reported nature of disablement: _____

1.8 Workmen compensation per month (if any) Nu. _____

1.9 **Applicant's Address for correspondence (your current address, where you reside)**

Contact Tele. No. _____ email: _____

1.12 Provide two copies of your recent passport size for preparation of pension ID card

1.13 Martial Status (a) Married (b) Not Married If you choose (a), pls. complete Sl. # 2 & 4.

2. Spousal Details (pls. provide a correct date of birth by day/month/year)

2.1 **Name** _____ **Date of birth** _____ **Marriage certificate No** _____

2.2 Recent passport size of spouse (s), if you are married. (To be affixed).



3. Parental/Guardian Details (if you are not married)

3.1 **Name** _____ **Sex** _____ **Relationship** _____ **Address** _____
M/F _____

4. Children Details (less than 18 yrs, pls. provide a correct date of birth d/m/y, as per birth certificate)

4.1	Name	Sex	Date of birth	Spouse from whom born
1.	_____	M/F	_____	_____
2.	_____	M/F	_____	_____
3.	_____	M/F	_____	_____
4.	_____	M/F	_____	_____
5.	_____	M/F	_____	_____
6.	_____	M/F	_____	_____



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5. Statement of declaration

I hereby certify that all the aforementioned information are true and correct, and I assume full responsibility thereof. In case of any misinformation/misdisclaration, I shall be liable for both administrative and punitive action deemed fit under the National Pension and Provident Fund Plan Rules and Regulations.

Place:

Date:

Witness: Signature: _____

Name : _____

Address : _____

Citizenship ID. No.: _____

Applicant
signature
on Legal
stamp

(To be filled in by the Ministry/Agency/Dzongkhag)

6. This is to certify that Mr./Mrs. _____ became disabled on _____ at _____ time as per the medical report. (Attach the medical examination, descriptions and cause of disability, including the date on which the employee becomes unable to perform the task of his/her regular work).

Recommended for disability Benefit

Not recommended for disability by benefit

Gup/Adm. In-charge: _____

Head of Agency: _____

Designation: _____

Designation: _____

Organization: _____

Organization: _____

To be used by the NPPF

Verified by:

Refund Officer:.....

Recommended for further medical examination by the Committee of Medical Doctors.

Head/Pension:.....