

FORM AF- IID

**NATIONAL PENSION AND PROVIDENT FUND
THIMPHU**



**APPLICATION FORM FOR DISABILITY PENSION
(To be filled in by the pensioners in duplicate)**

AFPPFS NO.

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1. Personal Details:

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

1.2 Citizenship ID No. _____ H/No. _____ T/No. _____

1.3 Date of Birth: Day _____ Month _____ Year _____

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

1.5 Personnel (ID) No. _____

1.6 Presently working in RBA/RBG/RBP(tick the correct one)

1.7 Reported date of disablement: _____

1.8 Reported nature of disablement: _____

1.9 Office Order No. (attach the office copy): _____

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

1.11 **Applicant's Address for correspondence:**

 Village/Town: _____ Gewog: _____

 Dzongkhag: _____ Tele No. _____

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

2. Spousal Details

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

2.2 Recent passport size of spouse (s). (To be affixed)

3. Parental Details (if a member is not married)

3.1 **Name** **Sex** **Relationship** **Address**

_____ M/F _____

_____ M/F _____

_____ M/F _____

3.2 Recent passport size of Parent (s). (To be affixed)

3.3. **CHILDREN DETAILS** (Pls. provide correct date of birth by d/m/y as per birth certificate)

Sl.No.	Name	Date of Birth	Sex	Name of the Spouse from whom born	Remarks
1					
2					
3					

4. Basic salary of the member for the last 12 months before disablement

Months/ Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec

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/mis declaration, I shall be liable for both administrative and punitive action deemed fit under the Armed Forces pension and Provident Fund Scheme Rules and Regulations.

Place:

Date:

Witness:

Signature: : _____

Name : _____

Address : _____

CITIZENSHIP ID. NO. : _____

Applicant signature on Legal stamp
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(To be filled in by the RBA/RBG/RBP)

This is to certify that Mr./Mrs. _____ rank _____ of RBA/RBG/RBP (tick the correct one) became disabled on _____ at _____ time. (Attach separate descriptions and cause of disability, including the date on which the member become unable to perform the task of his/her regular work. (Details of medical examination and recommendation for a committee of at least three members of which the NPPF will designate one doctor).

Recommended for disability Benefit

Not recommended for disability by benefit

HEAD OF THE AGENCY

SEAL & SIGNATURE