

3. Children Details

4. 4.1 Name Sex Date of birth Spouse from whom born
 _____ M/F _____
 _____ M/F _____
 _____ M/F _____

5. 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

6. 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

(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

Adm. Incharge _____
 Designation: _____
 Organization: _____

Head. _____
 Rank: _____
 RBA/RBG/RBP (tick the correct one)

(To be filled in by the NPPF Office)

1. Total No. of contribution received till date: Nu. _____
2. Total of Provident Fund balance as on the date of disability:

3. Details of Medical Examination Review: -
Name of the Doctor who examinee the disability case.
Dr. _____ (Nominee of NPPF)
Dr. _____
Dr. _____
Please state the recommendations of the Doctors here _____

4. Verification stating that the applicant cannot be employed anywhere else:

5. **Reviewed by:**
Name of the NPPF official: _____
Designation: _____
7. **Recommended by:**
Pension Officer: _____

APPROVAL FOR DISABILITY BENEFIT PAYMENT

Pension claim ID No. : _____
Special Pension Savings Account No. : _____
Bank of Bhutan, Branch Name : _____
Amount of Disability benefit payable, (in word). : _____
In figure Nu. : _____
With effect from : _____
Recommended by:

Pension Officer

Manager

Finance Manager

JOINT DIRECTOR

Approved by:

DIRECTOR