



6. I hereby certify that all the aforementioned information are true and correct, and I assume full responsibility thereof. In case of any misinformation/misdeclaration, 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:

**Guardian:** Signature :  
Name :  
Address :  
ID No. :

Applicant  
signature on  
Legal stamp

**Witness:** Signature: : \_\_\_\_\_  
Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Citizenship ID. No. : \_\_\_\_\_

**(To be filled in by the Armed Forces)**

This is to certify that Mr./Miss/Mrs. \_\_\_\_\_ son/daughter of late \_\_\_\_\_ has considered orphan benefit on \_\_\_\_\_. The orphan benefit may please be paid as per Armed Forces Pension and Provident Fund Scheme Rules and Regulations.

Recommended for orphan Benefit

Not recommended for orphan by benefit

Adm. In-charge/Gup:

\_\_\_\_\_

Designation: \_\_\_\_\_

Organization/Gewog: \_\_\_\_\_

Head of RBA/RBG/RBP:

\_\_\_\_\_

Rank & Designation: \_\_\_\_\_

(To be filled in by the NPPF Office)

1. Total No. of contribution received (of the deceased member) till date: Nu. \_\_\_\_\_
2. Total pension amount credited to deceased member's Special Pension Savings Account:  
Nu. \_\_\_\_\_
3. **Reviewed by:**  
Name of the NPPF official: \_\_\_\_\_  
Designation: \_\_\_\_\_  
**Recommended by:**  
**Pension Officer** : \_\_\_\_\_

**APPROVAL FOR ORPHAN BENEFIT PAYMENT**

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

\_\_\_\_\_  
**Pension Officer**

\_\_\_\_\_  
**Manager**

\_\_\_\_\_  
**Finance Manager**

\_\_\_\_\_  
**JOINT DIRECTOR**

**Approved by:**

\_\_\_\_\_  
**DIRECTOR**

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