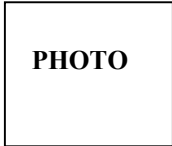


**NATIONAL PENSION AND PROVIDENT FUND**



**ENROLLMENT/PIS FORM FOR ARMED FORCES PENSION AND PROVIDENT FUND SCHEME**

**1. Personal Details**

a) Name  
First Middle Surname  
\_\_\_\_\_

b) Sex 

M	F
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*(Tick the correct one)*

c) Date of Birth *(As per Service records)*  
Day Month Year  

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d) Nationality \_\_\_\_\_

e) Citizen ID Card No. \_\_\_\_\_ f) Date of Issue \_\_\_\_ / \_\_\_\_ / \_\_\_\_

g) House No. \_\_\_\_\_ h) Thram No. \_\_\_\_\_

i) Permanent Address  
Village \_\_\_\_\_  
Gewog \_\_\_\_\_  
Dzongkhag \_\_\_\_\_

j) Present Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

k) Contact Telephone No. \_\_\_\_\_

l) Father's Name \_\_\_\_\_

m) Mother's Name \_\_\_\_\_

n) Date of Appointment in service Day Month Year  

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**o) Designation and Rank held** \_\_\_\_\_

**p) Name of Organisations** *Tick the correct one*

RBG	RBA	RBP
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**q) Place of posting** \_\_\_\_\_

**r) Basic salary** \_\_\_\_\_

**s) Provident Fund No.** \_\_\_\_\_

**t) Date of joining AFPPFS/ GEPF (*first installment date*)** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

2. Spouse Details (If married)

a) Name

First

Middle

Surname

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Sex

M	F
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(Tick the correct one)

c) Date of Birth

Day

Month

Year

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d) Nationality \_\_\_\_\_

e) Citizen ID No. \_\_\_\_\_

f) Date of Issue \_\_\_\_/\_\_\_\_/\_\_\_\_

g) Permanent Address

Village \_\_\_\_\_

Gewog \_\_\_\_\_

Dzongkhag \_\_\_\_\_

h) Father's Name \_\_\_\_\_

i) Mother's Name \_\_\_\_\_

j) Marriage Certificate No. \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

k) Occupation \_\_\_\_\_

l) Provident Fund No. \_\_\_\_\_

m) RCSC/Agency Employment No. \_\_\_\_\_



I hereby certify that the aforementioned information given herein are true, correct and complete to the best of my knowledge and belief.

Name \_\_\_\_\_  
Designation/Rank \_\_\_\_\_  
Organization \_\_\_\_\_  
Date \_\_\_\_\_

Legal  
Stamp

Applicant's Signature

*Note: Please enclose copy of appointment letter*

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To be filled by the RBA/RBG/RBP:

This is to certify that the information hereby furnished in respect of Mr./Mrs./Ms. \_\_\_\_\_ is complete and verified from the service record maintained in this office. This information may be used by the NPPF.

Name of the  
Finance Officer \_\_\_\_\_  
Date            \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature & Seal

Name of  
Administrative Officer \_\_\_\_\_  
Date            \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature & Seal

---

To be filled by NPPF.

Data entered by \_\_\_\_\_  
AFPPFS No. Allotted \_\_\_\_\_  
Date : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature of Manager