FORM - 2

NATIONAL PENSION & PROVIDENT FUND
THIMPHU : BHUTAN
MONTHLY RECOVERY SCHEDULE FOR BOTH MEMBERS

Name of the Department :
Deptt. Code No. :
Contribution for the month of :

Sl. No.	NPPFP No.	National I/D No.	Name of Employee	Basic Pay	CONTRIBUTION		Total	Remarks
					Employer (50%)	Member (50%)		

Note: Please quote necessary remarks with NPPFP A/c. numbers in case of Employee on transfer and 'NEW' against newly recruited members.

Please state under this column:-

(a) Transferred from Department _____ (Code No._____)
(b) New appointment _____)
(c) On Loss of pay from_____ to _____)
(d) Transferred to Department _____(Code No. _____)
(e) Resigned, terminated from _____)
(f) On EOL from _____)

Signature of Disbursing Officer