



སྐྱུ་ཡོངས་དགོངས་ལུ་ལྷན་པོ་གསུམ་དང་འཇོ་རྩིན་མ་དངུལ།།

NATIONAL PENSION PROVIDENT FUND

Securing Future Together

Form 1

Enrollment Form National Pension and Provident Fund

1. Personal Details

a. Name

First Name

Middle Name

Last Name

Photo

b. Gender

M

F

(Tick the correct one)

c. Date of Birth (As per the service record)

Date Month Year

d. Nationality _____

e. Citizen ID no / Work Permit or Resident Permit no. _____ Date of Issue: _____

Date of expiry: _____

f. House no: _____ Thram no: _____ Household no: _____

g. Address

Permanent Address

Present Address

Village: _____

Gewog: _____

Dungkhag: _____

Dzongkhag: _____

h. Contact no: _____ Email: _____

i. Fathers Name: _____ Mothers Name: _____

j. Date of Appointment in Service:

Date Month Year

k. Grade: _____ Designation: _____

l. Name of the Agency: _____

m. Place of Posting: _____

n. Basic Salary: _____

o. RCSC / Agency Employment no / Personal no for Armed Forces : _____

p. Date of joining NPPFP:

Date Month Year

q. Bank Account Number: _____ Bank Name: _____

r. Employment Type:

Regular

Contract

(Tick the correct one)

2. Spousal Details (Attach Marriage Certificate, if there are more than one spouse attach a separate sheet).

a. Name

First Name

Middle Name

Last Name



ཀླུ་ཡོངས་དགོངས་ལཱ་ལུ་ལྷན་པོ་གས་དང་འཇོ་རྟེན་མ་དངུལ།།

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b. Gender M F (Tick the correct one)

c. Date of Birth

Date Month Year

d. Nationality _____

e. Citizen ID no / Work Permit or Resident Permit no. _____ Date of Issue: _____

Date of expiry: _____

f. House no: _____ Thram no: _____

g. Address

Permanent Address

Present Address

Village: _____

Gewog: _____

Dzongkhag: _____

h. Occupation: _____ if working NPPF no: _____ RCSC/Employment no: _____

3. Children Details (For only below 18 years & attach Family Tree/Birth Certificate/Health Card copy of Children)

Sl. No.	Name	Date of Birth	Sex	Name of the Spouse from Whom Born	Remarks

4. Nomination for Provident Fund (Tier 2) only

Sl. No.	Name of Nominee	CID no.	Date of Birth	Relationship	Share of PF Payable (Percentage %)	Contact no.

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

Applicant signature on Legal Stamp

Note: Please enclose copy of Appointment Letter and Citizenship ID Card No.

To be filled by the Employer

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 HRO/Head of Agency/ Gup for LG _____

Signature & Seal: _____

Date _____



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