



National Pension and Provident Fund  
Private Provident Fund Scheme  
Enrollment Form

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

a. Name

First Name                      Middle Name                      Last Name  
\_\_\_\_\_

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 ( 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. |
|---------|-----------------|---------|---------------|--------------|------------------------------------|-------------|
|         |                 |         |               |              |                                    |             |
|         |                 |         |               |              |                                    |             |
|         |                 |         |               |              |                                    |             |
|         |                 |         |               |              |                                    |             |

**Consent**

**NPPF** takes your privacy seriously and will only process your personal data with your consent and in accordance with the terms stated in our Privacy Notice. If you consent to us collecting and processing your personal data, please sign below:

I, \_\_\_\_\_, (PII Principal's name) confirm that I have been provided with a copy of **NPPF's** Privacy Notice & Terms & Conditions prior to giving consent.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_  
 Time: \_\_\_\_\_ Date: \_\_\_\_\_

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:** \_\_\_\_\_