

ROYAL GOVERNMENT OF BHUTAN Bhutan Narcotics Control Authority Thimphu: Bhutan



The Chairman Staff Welfare Scheme Bhutan Narcotics Control Authority.

(F1)

MEMBERSHIP REGISTRATION

Sir/Madam,

- 1. I Mr/Ms.....do hereby declare that I have read and understood all the sections and clauses as enshrined in the Staff Welfare Scheme, Bhutan Narcotics Control Authority. Having read and understood, I wish to become a registered member of the said Scheme.
- 2. I do also hereby declare that once I become a member of this Scheme, I shall abide and respect all the provisions of the Scheme. In case I'm found guilty of breaking the Scheme, I shall abide and submit to the decision of the Staff Welfare Committee.
- 3. I hereby authorize the Scheme to deduct Nu./- from my monthly salary towards the contribution.

Signature/Full Name & Designation

FOR OFFICIAL USE ONLY

Mr/Ms.....is hereby registered as member of the Staff

Welfare Scheme, Bhutan Narcotics Control Authority w.e.f.....

Verified by:

Endorsed by:

Focal Person Staff Welfare Scheme Chairperson Staff Welfare Scheme