

FORM-1
DECLARATION OF MEMBERSHIP

Sir

1. I, Dasho/Mr./Mrs/Ms_____ (ID/Work Permit No_____) do hereby, declare that I have read and understood the Articles of Association of the MHPA Staff Welfare Scheme, . Having read this, I wish to become a registered member of the MHPA Staff Welfare Scheme.

2. I do also hereby, declare that once I become a registered member of the MHPA Staff Welfare Scheme, I shall abide by the provisions of the Articles of Association. Further, I also hereby, authorize the Chairperson/Treasurer of the Committee of MHPA Staff Welfare Scheme or the Drawing and Disbursement Officer of the relevant office of MHPA to deduct the initial membership fee and the monthly contributions as decided by the Committee Members of the Scheme from my monthly salary or other entitlements.

Permanent Address

(For Bhutanese)

Village:

Geog:

Dungkhag:

Dzongkhag:

House No.:

Thram No.:

Present Address

Department/Complex/Division:

(For Indian Nationals- *Kindly provide proper address*)

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(Affix a legal stamp)

Signature
Full Name

Date.....

FOR OFFICE USE ONLY

Dasho/Mr./Mrs/Ms_____ is hereby registered as a member of MHPA Staff Welfare Scheme, with effect from_____

Committee Secretary
MHPA Staff Welfare Scheme

Chairman
MHPA Staff Welfare Scheme

NOTE: PLEASE ATTACH A COPY OF CITIZENSHIP IDENTITY CARD/WORK PERMIT

MANGDECHHU HYDROELECTRIC PROJECT AUTHORITY

FORM-2

DECLARATION OF DEPENDENTS

I Dasho/Mr/Mrs/Ms.....ID/Work Permit No.....
hereby, declare that the names mentioned below are my living direct dependents:

a] SpouseID/Voter Card No.....Date of Birth.....Sex M/F...

b] Children:

_____ ID No _____ Date of Birth _____ Sex M/F

_____ ID No _____ Date of Birth _____ Sex M/F

_____ ID No _____ Date of Birth _____ Sex M/F

_____ ID No _____ Date of Birth _____ Sex M/F

_____ ID No _____ Date of Birth _____ Sex M/F

_____ ID No _____ Date of Birth _____ Sex M/F

_____ ID No _____ Date of Birth _____ Sex M/F

c] Father..... ID No..... Date of Birth.....

d] Mother..... ID No..... Date of Birth.....

e] Father (spouse's)..... ID No..... Date of Birth.....

f] Mother (spouse's)..... ID No..... Date of Birth.....

g] Nomination (in case of Article VI –Clauses 6.2 and 6.3):

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2. In the event of their demise, benefits as defined in the relevant Articles of MHPA Staff Welfare Scheme may be given to me.

3. I hereby nominate and confer on Mr./Mrs./ Ms.....the right to receive the entire amount that may be payable to me by MHPA Staff Welfare Scheme in the event of my death.

I hereby, declare that all the information given above is true and correct.

Date

(Affix Legal stamp)

Signature

Full Name

Address:

NOTE: PLEASE ATTACH A COPY OF CITIZENSHIP IDENTITY CARD / WORK PERMIT / MARRIAGE CERTIFICATE OF ALL.

ANY NEWBORN OR LEGALLY ADOPTED CHILD TO A MEMBER SHALL BE IMMEDIATELY DECLARED TO THE COMMITTEE FOR REGISTRATION USING FORM 2 ALONG WITH DOCUMENTARY EVIDENCE.