

FORM HSWS/6

FORM-6

The Hon'ble Chairman  
Staff Welfare Scheme,  
Health Department,  
Thimphu.

Date.....

Subject : Application for re-imburement of Staff Welfare Scheme contribution.

Sir,

I, Mr./Mrs./Ms.....have resigned/retired/ from the service with effect from.....vide office order No.....dated..... Therefore, I would request to kindly sanction the re-imburement of my contribution for .....months from.....to..... A photocopy of my office order is attached herewith for your references.

Submitted for kind approval.

Yours faithfully,

(Signature)

Name :.....  
Desig :.....  
Add. :.....

**CONTROLLING OFFICER**

Verified by the undersigned that the above applicant has resigned/retired/transferred from the health department, therefore, it is hereby recommended that the re-imburement of his/her contribution for....months may kindly be sanctioned.

Signature :.....  
Name :.....  
Desig. :.....  
Official Seal :.....

**OFFICE USE ONLY**

Verified and found that the re-imburement of contribution is for.....months. Therefore, a sum of Nu. ....may kindly be sanctioned.

Manager  
Staff Welfare Scheme  
Health Division.