



དཔལ་ལྷན་འབྲེལ་རྒྱུ་གཞི་གཞུང་།
ROYAL GOVERNMENT OF BHUTAN
LHUE NTSE DZONGKHAG ADMINISTRATION
 རྫོང་ཁག་འབྲེལ་བཟུང་ལྷན་ཁག་། ལྷན་པོ་གྲོལ་བཟུང་བའི་ཆེ་ཆེ་ནས་
 རྫོང་ཁག་འབྲེལ་བཟུང་།



SALARY ADVANCE FORM

PARTICULARS	DETAILS
Employee Name:	
Employee ID No:	
CID. No:	
TPN:	
Bank Account No:	
Grade/position level:	
Designation:	
Office Address:	
Gross Pay:	
Amount Requested:	
Monthly Installment:	

I.....hereby confirm that the particulars mentioned above are all correct. If the said amount is sanctioned, I authorize the concerned office to recover the amount on an installment basis as stated above from my salary within the financial year. In the event of default on my part, or leaving my present service, or in any other exigencies, if the salary advance is not liquidated, I give my consent to the concerned office to recover the outstanding amount from my post-retirement benefits payable to me.

Signature of applicant.....

Date.....

Cross-checked by:

Verified By:

Name & Signature of Accountant

(Finance Officer)

Date.....

Date.....

Signature of Approving Authority (Head of Agency)

Date.....