

རྒྱལ་ལྟ་རྒྱལ་འབྲུག་གཞུང་།།

ROYAL GOVERNMNET OF BHUTAN
LHUENTSE DZONGKHAG ADMINISTRATION

རྡོར་ཁག་བདག་སྐྱོང་།ལྷུན་གྲུབ་རྫོང་ཁག་གི་ལས་འཛིན།



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.....