



དཔལ་ལྷན་འབྲུག་གཞུང་།
རྫོང་ཁག་བདག་སྐྱོང་། དངོས་གྲུབ་ཅེ་རྫོང་། ཚུ་ཁ།
ROYAL GOVERNMENT OF BHUTAN
DZONGKHAG ADMINISTRATION
Ngoedrup-Tse Dzong: Chhukha



SALARY ADVANCE FORM

1. Details:

Particulars	Applicant	Guarantor
Full Name		
Employee No		
CID No		
Grade		
Designation		
Office Address		
Date of Joining		
Gross pay		
Net pay		
Amount Requested (ceiling: double the net pay plus not more than Nu 30,000/-)		

I (Applicant) hereby confirm that the particulars mentioned above are all correct. If the said amount is sanctioned, I authorize the concerned office to recover the stipulated amount on installment basis 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 unqualified consent to the concerned office to adjust the outstanding amount against me from post retirement benefits payable to me.

Signature of Applicant

Date:

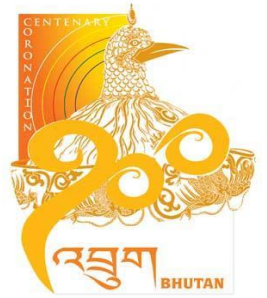
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2. I (Guarantor) do hereby undertake to repay the salary advance outstanding in the event of non- recovery from Mr./Mrs./Miss who is known to me.

Signature of Guarantor



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Date:

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3. Verifying unit

Attested by:

Cross checked by:

Name and Signature (Accountant)

(Accounts officer)

Date:

Date:

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4. Approving Authority (Head of the Agency)

Signature of the Approving Authority

Date: