



ROYAL CIVIL SERVICE COMMISSION
ROYAL GOVERNMENT OF BHUTAN
CSWS NOMINATION/UPDATE FORM

1. Information about the member

- Full name: _____ EID no.: _____
- Position Title & Level: _____ Gender: _____
- Agency: _____ CID no.: _____
- e-mail id.: _____ Contact #: _____

2. Information about the direct dependent(s):

Direct dependants comprise of one's own biological parents, a spouse, and child(ren), including legally adopted, if the member does not have biological child.

Sl. #	Name	CID number	Date of birth	Relationship	Tick the Primary Nominee
1					
2					
3					
4					
5					

(Add rows if required)

(Primary Nominee is a nominee selected from the list of dependents by the member of the CSWS who will make the claim in the event of the demise of the member)

The member must attach the photocopy of the following documents:

1. Citizenship identity card of the member;
2. Marriage Certificate of the member;
3. Citizenship identity card of dependents (except for child below the age of 15 years);
4. Family Tree from the Dept. of Civil Registration & Census reflecting the CID number allotted to the child aged one year and above and 15 years and below; and
5. Birth Certificate/Health Card of children (aged 1 year and below)

3. Undertaking:

I, hereby do confirm that the above list of nominees are my authentic dependants.

Place:

(Legal stamp)

Date:

Signature

For official use:

Verified by the HR Officer:

Approved by the Head of the Agency:

Date

Date

Name

Name

Signature

Signature

Official seal

Official seal