



དཔལ་ལྷན་འབྲུག་གཞུང་།
 རྒྱལ་གཞུང་གི་གཞི་གཞི་ལྷན་ཚོགས།
 ROYAL GOVERNMENT OF BHUTAN
 ROYAL CIVIL SERVICE COMMISSION
Excellence in Service



Form 24/8

Claim Form for Birth of a Child

Date:/...../.....

1. CSWS Member Details

Name of the CSWS Member:.....
 CID No.....
 Employee ID No.....
 Working Agency.....
 Contact No of the CSWS Member.....
 Date of a Child Birth:.....
 Place of a Child Birth:.....

2. Payment Details:

Account Holder Name:.....
 Account Number:.....
 Name of the Bank.....
 Branch Name:.....

3. Attach the Birth Certificate and Paternity/ Maternity Leave Sanctioned Order

4. Undertaking

I, hereby do confirm that the above information is true to the best of my knowledge. In the event that the above declaration is found to be incorrect, I shall be liable for action as per the law of the land.

Legal Stamp

(Name and Signature of the Claimant)



དཔལ་ལྷན་འབྲུག་གཞུང་།
 རྒྱལ་གཞུང་གི་གཞི་རྒྱུ་ལྷན་ཚོགས།
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5. Verification by the HR Officer

Signature.....
 Name:.....
 Agency.....
 Date:.....
 Official Seal.....

**Forward the copy of this form to the RCSC*

6. Received by the RCSC

Signature.....
 Name.....
 Date.....
 Official Seal.....