



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



Excellence in Service
Terms of Reference

Form 24/7

**Claim Form for
 CSWS Member Patient Referral for Treatment outside Country**

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

1. CSWS Member Details

Name of the CSWS Member(Patient):.....
 CID No.....
 Employee ID No.....
 Working Agency.....
 Contact No of the CSWS Member(patient).....
 Date of Referral:.....Hospital Referred to:.....
 Treatment for:.....

2. Payment Details:

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

3. Attach the JDWNRH Patient Referral Sanction 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.



དཔལ་ལྷན་འབྲུག་གཞུང་།
 རྒྱལ་གཞུང་གི་གཡོག་ལྷན་ཚོགས།
 ROYAL GOVERNMENT OF BHUTAN
 ROYAL CIVIL SERVICE COMMISSION
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Legal Stamp

(Signature of the Claimant)

Name:
Place:
Date:

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.....