



Form ESWS/3

Date:.....

ESWS REFUND FORM

1. Member/Beneficiary Name:
2. Emp.ID no:
3. CID No:
4. Designation:
5. Present School/Institute/Hq/Others:
6. Dzongkhag (Present):
7. Previous working details

SL. No	Name of the previous schools/organization (Present-Previous)	Dzongkhag	Start Year (DD/MM/YY)	End Year (DD/MM/YY)

8. Reason for Withdrawing: **Superannuation*/Resignation*/Transfer*/Voluntary/death**

9. Saving a/c no/Branch Name:

10. Email Address:

11. Contact No:

(Signature)

Attach:

- a. Office Order (Relieving Order)*
- b. CID Copy

1. Verified by.....Signature(Concerned Principal/DEO/Head)