

The Manager,  
Health Staff Welfare Scheme,  
MOH: Thimphu.

Date:.....

Sir/Mdm,

I, Dr/Mr/Mrs/Ms..... would like to state that I have resigned/retired/transferred from the civil service/Ministry of Health with effect from ..... as per office order No..... dated.....

Therefore, I shall be grateful if the reimbursement of HSWS contribution made by me as eligible as per the HSWS bylaw could be sanctioned by HSWS management. A copy of my relieving/separation order and the confirmation of HSWS membership order are attached herewith for your kind reference and record.

Submitted for your kind consideration and approval.

Yours faithfully,

Name & Signature of the applicant member

Working agency:..... Phone No.....

Bank Ac. No..... Name of Bank..... Branch.....

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**ENDORSEMENT OF CONTROLLING OFFICER:**

Verified and confirmed that the applicant has resigned/retired/transferred from the Ministry of Health, therefore it is recommended that reimbursement allowable under HSWS bylaw be granted to the applicant.

Name & Signature of the Controlling Officer

Official Seal of the agency

**FOR HSWS OFFICE USE ONLY:**

Based on the authority granted by HSWS by-law..... an approval is hereby accorded to the applicant/nominee Dr/Mr/Mrs/Ms..... For release of Nu. .... (In words .....) on account of HSWS reimbursement for the contribution made from..... till ..... up on his/her separation from Ministry of Health.

1. Total Contribution by outgoing Member (Nu..... X .....Months)	Nu.
2. Actual Amount Refundable as per Bylaw	
3 Less: Outstanding HSWS loan	
4. Less: Other dues related to HSWS	
<b>Balance HSWS contribution Refundable</b>	

**Endorsed by:**

**Approved by:**

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Name & Signature of HSWS Treasurer

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**Name and signature of approving authority**

**NB:**

1. The application must be accompanied by;
  - a. Relieving order of retirement/separation order from service.
  - b. Completed form (RAF-IV) must be scanned and emailed to Manager HSWS at- [hswsmoh@gmail.com](mailto:hswsmoh@gmail.com)