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Your partner for growth and security”

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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

APPENDIX-1

PRIVATE PROVIDENT FUND CONTRIBUTION FORM

Name of the Employer:.....
Department Code:.....
Contribution for the month of:.....

Sl. No	P.F A/c No	Citizen ID card/work permit No.	Name of Employee	Designation	Basic Pay	Contribution		Total	Remarks
						Employee	Employer		
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									

Please avoid the decimal points while calculating the contribution.

NOTE: Please provide PF a/c number in case of employees on transfer and NEW against newly recruited member under the Remarks Column above:

Please state under this column:

1. Case of transfer from department Code no.....to.....
2. New appointment.....
3. On loss of pay from.....to.....
4. Arrear deposit of an individual from..... to.....
5. Resigned and terminated from.....

Signature of Disbursing Officer

Office Seal