Date: _ _/_ _/_ _ _ _

Student Welfare Fund-Relief Claim Form

STUDENT MEMBER DETAILS:

Name:…….. Student No.: ……..

Department: ……Semester of Study……Year of Study……..

Mobile No: ……..... CID No: ……

Reason for the claim (In the event of the demise of the parent(s)/siblings, please provide the details ofthe deceased person like the Name, CID, Village, Gewog, Dzongkhag, Place & Date of the incident.)

Please Tick	Cases	Amount (Nu)	Beneficiary
	Demise of a student	25,000/-	Parents
	Demise of parent(s)	15000/-	Students
	Demise of students' siblings	5000/-	Students
	Emergency medical referral (**Applicable to registered student only**)	3000/-	Student
	Organ Transplant (**Applicable to registered student only**)	25000/-	Student

I hereby declare that the information provided above is correct and I would like to seek the entitled

Relief Fund of Nu----------from the CSWF.

Verified By: Approved by:

Chief Councillor (Joint Account Holder)

Student Service Officer (Joint Account Holder)

Dean, Student Affairs