



རྒྱལ་ཁབ་འབྲུག་གཞུང་། བཀྲིས་རྫོང་ཁག་བདག་སྐྱོང་།

ROYAL GOVERNMENT OF BHUTAN

DZONGKHAG ADMINISTRATION

TRASHIGANG: BHUTAN

FINANCE SECTION



SALARY ADVANCE FORM

Details

PARTICULARS	APPLICANT
Full name	
Employee ID No.	
CID.No	
Grade/position level	
Designation	
Office Address	
Amount requested	
Amount to be sanctioned (one month basic pay)	

I.....(applicant) hereby confirm that particulars mentioned above are all correct.If the said amount is sanctioned, I authorize the concerned office to recover the amount on installment basis from my salary within the financial year.In the event of default on my part,or leaving my present service or in any other exigencies,if the salary advance is not liquidated,I give my consent to the concerend office to recover the outstanding amount from my post retirement benifits payable to me.

Signature of applicant.....

Date.....

Verifying Unit

Attested by

Cross checked by

Name and signature of Accountant

Date.....

Accounts Officer

Date.....

Approving Authority(Head of Agency)

Signaure.....

Date.....

