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**Bhutan Insurance Limited**  
*Providing Security, Building Confidence*

Your insurer of  
CHOICE

Date:

**PPF SCHEME**  
**EMPLOYEE FORM**

Organization Name: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Date of Birth: (dd/mm/yyyy) \_\_\_\_\_

Sex: Male  Female

Status: Single  Married

C. I. D. No: \_\_\_\_\_

Designation: \_\_\_\_\_

Department: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Contact No: \_\_\_\_\_

Email I.D: \_\_\_\_\_

Present Address: \_\_\_\_\_

Date of Joining: \_\_\_\_\_

Basic Salary: \_\_\_\_\_

PPF Contribution; \_\_\_\_\_

1. Employer: \_\_\_\_\_

2. Employee: \_\_\_\_\_

(Signature of Employee)