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Subject: APPLICATION FOR SEMSO

1. Personal Information

Name of EWS Member/Beneficiary	
Designation	
Division	
Village	
Geog	
Dungkhag	
Dzongkhag	

2. Semso availed for (tick the relevant one)

Death Details	Name	CID
2.1 Death of Member		
2.1 Death of spouse		
2.2 Death of Parent		
2.3 Death of Parent-in-law		
2.4 Death of child above one year		
2.5 Death of child below one year(others)		

3. Documents enclosed (Tick the doc if submitted)

Documents Details	Submitted	Not Submitted
3.1 Gup's Death Verification Certificate with the Birth and Death Register No		
3.2 Death Certificate from the Hospital in the prescribed Form issued by the Hospital.		
3.4 Any other documents		

I hereby declare that all the information provided here is true and accurate.

Date: Signature of Applicant

3. Verification

The information provided by the applicant has been verified from the records available in the office and found to be correct. I hereby declare that information provided by the applicant is true to the best of my knowledge.

Verified by Member Secretary, EWS

Approved by Chairman of EWS