



དཔལ་ལྷན་ཁབ་རྒྱུ་ག་གཞུང་།
ག་བདག་སྐྱུ་ལྷན་ཁབ་། ཆེན་པོ་རྒྱུ་ལྷན་ཁབ་།
གསར་།



DZONGKHAG ADMINISTRATION
Chhoetse-Dzong: Trongsa

"Peaceful & socio-economically vibrant Dzongkhag, living in harmony with nature & rich cultural heritage"

SALARY ADVANCE FORM	
Name of Employee & Designation:	
EID/CID No.:	
Agency/Sector:	
Advance Amount:	
Purpose:	

Declaration
I declare that I do not have any outstanding salary to my credit till date.
Dated Signature of Employee

Confirmation
The Salary Advance amount of Nu_____ only (Basic Pay) is recommended and Nu. _____ per month will be deducted w.e.f. _____ month.
Dated Signature of Finance Officer

Head of Agency
Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
Dated Signature of Head of Agency (Remark if any)



དཔལ་ལྷན་འབྲེལ་གྲུབ་ལྷན་ཁང་།
གསལ་བསྐྱོར་ལྷན་ཁང་། ཆོས་རྒྱལ་ལྷན་ཁང་།
གསར་།



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