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**ROYAL INSURANCE CORPORATION OF BHUTAN LTD.**

**PPF Monthly Contribution Schedule (Annexure-1)**

Name of the Agency.....  
Department Code.....  
Mobile/Phone no.....  
Month & Year.....

Sl.No	P.F A/c No	CID No/ Work permit No.	Name of Employee	Designation	Basic Pay	Contribution		Total	Remarks
						Employee	Employer		

**Please avoid the decimal points while calculating the contribution.**

**NOTE:** Kindly provide the following information, if any in the schedule, under the remark's column:

- Arrear/advance deposit of an individual.
- Transfer cases (mention PF account number)
- Revision of contribution upon change in pay scale

Signature of Disbursing Officer  
Name:  
Designation:

Office Seal

<b>FOR RICB USE</b>	
Branch Name	Application Received Date
Received By	Employee Name
	Employee ID