



དཔལ་ལྷན་འབྲུག་གཞུང་།
ཚོང་ཁག་བདག་སྐྱོང་བསམ་ཅེ།

DZONGKHAG ADMINISTRATION, SAMTSE

A prosperous community living in harmony with diverse culture and safe environment



Date:/...../2025

Salary Advance Form

Particulars	Details
Employee Name:	
Employee ID No. :	
CID. No. :	
TPN:	
Bank Account No. :	
Designation:	
Grade/position level:	
Office Address:	
Gross Pay (*Basic + Variable)	
Reasons (*Specify precisely)	
Amount Requested: (*shall be equal/lower than one month's gross pay)	

I Mr/Mrs/Ms hereby confirm that the above mentioned information is true and correct. If the said amount is sanctioned, I authorize the concerned office to recover the amount on installment basis from my salary within..... Month. I shall be responsible for the advance availed and shall provide all the rights to recover from my monthly salary. If on EOL/Transfer before the liquidation of my advance balance, I will liable to recover the balance and settle for proper financial mandates to process for my LPC.

Signature of Applicant

Finance Officer

Approving Authority