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ROYAL COURT OF JUSTICE

ANNEXURE III: SEMSO CLAIM FORM

1. BIRTH (Supreme Court Semso only)

NAME OF MOTHER/FATHER.....

DATE OF

BIRTH:.....

MALE/FEMALE:.....

NOTE: Administrative Officer shall schedule the date of Baby shower with confirmation of heads

2. SICKNESS (Supreme Court Semso only)

NAME OF THE PATIENT:.....

RELATIVE OF:.....

DATE OF ADMITTING TO HOSPITAL:.....

WHAT IS THE SICKNESS? Tick one of the following:

- 1. UNDERGONE OPERATION,
- 2. HOSPITALIZED FOR SICKNESS OTHER THAN LABOR PAIN FOR MORE THAN A WEEK, AND ADMITTED IN ICU.....

NOTE: Administrative Officer shall attach Medical Records to show the patient’s admitting date and ensure it has been more than one week and admitted in ICU.

3. DEASESED (Both for Judiciary and Supreme Court Semso)

RELATIVE OF:.....

WHO IS THE DEASESED? Tick and write one of the following:

- 1. EMPLOYEE: NAME:.....
- 2. SPOUSE: NAME:.....
- 3. CHILDREN: NAME:.....
- 4. FATHER/MOTHER OF EMPLOYEE: NAME.....
- 5. FATHER/MOTHER OF SPOUSE: NAME.....
- 6. SPOUSE’S FATHER AND MOTHER.

NOTE: Attach a death certificate/letter

4. AMOUNT TO BE DISBURSED: NU:.....

The undersigned has verified the above information and was found correct.

SIGN & SEAL  
ADMINISTRATIVE OFFICER