



TARAYANA FOUNDATION
TARAYANA CENTRE
P.O.BOX 2003
CHUBACHU
THIMPHU, BHUTAN



SALARY ADVANCE APPLICATION FORM

Name of the Employee

Address

Date

Designation

Purpose of Pay Advance

Last/Previous Details		Current Amount Details	
Amount		Amount Required	
Date of Payment		Amount Deduction from Monthly Salary	
Total Amount Paid		Deduction of installment Applicable	From- To-
Balance Amount due			

Term & Conditions

1. I have agreed to adjust the advance through deduction from my monthly fee/salary pay.
2. I have agreed to adjust the dues within a financial year
3. All applicants are eligible to receive one advance up to a limit of his/her/one month salary/fee within a financial year, beyond the limit required by CEO or Board person

Signature of Applicant

Sanctioned Amount

<p>Signature of Approving Authority</p>	<p>Signature of Applicant</p>
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