

VOLUNTEER REGISTRATION FORM
VOLUNTEER SUB-COMMITTEE, NSCCC

Name :

Sex :

Age :

CID No (New) :

House No. :

Thram No. :

Village :

Geog :

Dzongkhag :

Fathers's name:

Qualification :

Occupation :

Designation :

Work Address :

Email address :

Contact Telephone No.:

Office :

Mobile :

Area/s of Interest: Please indicate at least two of the following services in order of preference with 1 indicating your 1st preference:

- | | |
|-----------------------------|--------------------------|
| 1. Chipdrel | <input type="checkbox"/> |
| 2. Pazaps | <input type="checkbox"/> |
| 3. Public Management | <input type="checkbox"/> |
| 4. Drangshaps | <input type="checkbox"/> |
| 5. Officer Drivers | <input type="checkbox"/> |
| 6. Drivers | <input type="checkbox"/> |

Signature:

Date:

Note: For further clarification or information, please contact Kinley Yangzom, Bachu Phub Dorji, Tashi Tshering or Namgay Wangchuk in the RCSC Secretariat.