



Employment Injury Scheme-Pilot
196, Sromo Bhaban, 9th Floor, Sahid Syed-Nazrul Islam Soroni,
Bijoy Nagar, Dhaka-1000
www.eis-pilot-bd.org

Photograph of
Disabled worker
Passport size

Application form for benefit from EIS Pilot (Disability Case)
Section-1 (Applicant Part)

1. Information of Applicant (Disabled Worker)

Name:

Designation: Gender: Male Female

Father's Name: Mother's Name:

NID/Birth Certificate: Date of Birth:

Permanent Address: Village & Ward: Post Office:

Thana/Upzila: District:

Present Address: Village & Ward: Post Office:

Thana/Upzila: District:

Mobile Number:

Bank details of the disabled: (need to attach a copy of blank Cheque or Bank documents)

| Name of Account Holder, Bank & Branch Name | Bank Account Number | Bank Routing Number |
|--|---------------------|---------------------|
| | | |

2. Declaration of Applicant

I hereby declare that all information above provided in this application is accurate to the best of my knowledge, and I have not withheld any information.

Name of Applicant, Date & Sign

Section-2 (Factory Part)

3. Information of factory or organization:

Name of Factory/Organization:
 Registration Number of Factory/Organization:
 Name of Factory Representative: Phone:
 Email: Address:

4. Information of Accident:

Date of Accident: Time of Accident:
 Type of Accident: Workplace Accident On Duty RTA Commuting Accident
 Reason of Accident: Fire Electric Shock Transport/Handling Machinery
Others: Please specify
 Place of Accident: Inside Factory Outside Factory
 Describe the Place of accident:
 Short Details of Accident:

5. Service & Benefit Information:

Service Information:

Date of Joining for the disabled worker:
 Gross Salary (without OT) : Factory ID No:

Information of Compensation and Group Insurance:

c. Factory Compensation (if any):

Amount of Compensation: Date of Delivery:

d. Compensation from group insurance:

Amount of Compensation: Date of Delivery:

6. Attachment (Please indicate by ticking the box after attaching the documents.)

| | |
|--|--|
| <input type="checkbox"/> Medical Document | <input type="checkbox"/> Employment letter |
| <input type="checkbox"/> Factory ID card | <input type="checkbox"/> NID of the disabled worker |
| <input type="checkbox"/> Factory Certificate (with accident information) | <input type="checkbox"/> Salary Sheet & Attendance sheet of last three months of disabled worker |

7. Any other Information (if any):.....

I hereby confirm that all the information provided in this application is true and accurate to the best of my knowledge. I also affirm that no relevant information has been withheld.

 Name of Factory Representative, Seal sign & Date

8. Below recommendation has to be collected before sending the application to the EIS Pilot:

| | |
|---|---|
| Seal, Signature with date and mobile number of the Factory authority | Seal, Signature of the LFMEAB assigned personal. |
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