



People's Republic of Bangladesh  
 Bangladesh Export Processing Zones Authority  
 BEPZA Complex, House No.- 19/D, Road No.- 6, Dhanmondi, Dhaka 1205  
[www.bepza.gov.bd](http://www.bepza.gov.bd)

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 TA 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 Head of Industrial Relation of the Zone	Seal, Signature of the Executive Director of the Zone