



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

Photograph of
Deceased worker
and
Passport size
Photograph (s) of
his/her family
member(s)

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

1. Information of Applicant (Family member of deceased worker)

Name:
Father's Name: Mother's Name:.....
Relationship with Deceased worker: Date of Birth:
NID/Birth Certificate:
Permanent Address: Village & Ward:..... Post Office:.....
Thana/Upzila: District:
Present Address: Village & Ward:..... Post Office:.....
Thana/Upzila: District:
Mobile Number:

2. Information of Deceased worker: (Put tick) ☐ Male ☐ Female

Name: Designation:
Father's Name: Mother's Name:
NID/Birth Certificate: Date of Birth:
Present Address: Village & Ward:..... Post Office:.....
Thana/Upzila: District:
Permanent Address: Village & Ward:..... Post Office:.....
Thana/Upzila: District:

Bank details of the successor of the deceased worker: (need to attach a copy of blank cheque or Bank documents)

	Name of Successor	Relationship	Bank Account Number, Branch Name	Bank Routing Number
01				
02				
03				
04				
05				
06				

3. 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)

4. Information of factory or organization:

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

5. Information of Accident:

Date of Accident:..... Time of Accident:
Date of Death: Time of Death:
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:

6. Service & Benefit Information:

Service Information:

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

Information of Compensation and Group Insurance:

a. Factory Compensation (if any):

Amount of Compensation: Date of Delivery:

b. Compensation from group insurance:

Amount of Compensation: Date of Delivery:

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

<input type="checkbox"/> Death certificate	<input type="checkbox"/> Employment letter	<input type="checkbox"/> Factory ID card
<input type="checkbox"/> Succession certificate	<input type="checkbox"/> NID of deceased worker	<input type="checkbox"/> NID/Birth Certificate and picture of dependent.
<input type="checkbox"/> Factory Certificate (with nominee's & accident information)	<input type="checkbox"/> Salary Sheet& Attendance sheet of last three months of deceased worker	<input type="checkbox"/> GD/FIR/Postmortem Report (if any)

8. 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

9. Below recommendation has to be collected before send 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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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.

