



# RDRS Bangladesh

## Compensation for Serious Illness Requiring Hospitalization and/or Surgery

### APPLICATION FORM

Name of employee: ..... E Code:.....  
 Designation: ..... Sector/Project Name:.....  
 Date of Joining: ..... Staff Category (√): Core (.....)/BLP (.....)  
 Place of Posting (Location & Unit) : ..... District: .....  
 Number of Application for Grant ..... (2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> etc)  
 Mention date & amount (Tk) of previous grant: Date ..... Tk.....  
 Date ..... Tk.....  
 Date ..... Tk.....  
 Date ..... Tk.....

Name of operation/treatment : .....  
 .....  
 Date of operation/treatment:.....  
 Place of operation:.....  
 .....

Cost of treatment/operation (Tk)	
Investigations (Clinical tests etc)	
Medicine	
Clinic Doctor's fees	
Others (please specify):	
<b>Total :</b>	

Signature of applicant with date

Checked by (immediate supervisor): (Director/Head/Coordinator/Manager or the person designated by her/him)  _____ (Name, signature, date and seal)	Recommended by (respective Director/Head):  _____ (Name, signature, date and seal)
Recommended amount for approval Tk:  _____ Health Coordinator/Medical Officer	Approved  _____ Executive Director

**Note:** Submit photocopy of discharge certificate, original receipts, cash memos etc. In case of caesarean, grant will approved following relevant policy in the personal policy.