**APPLICATION FORM: SICK ALLOWANCE**

A student shall receive benefit from SWS, only if he/ she is admitted to hospital based on medical report. The following shall be the ceiling for the allocation of benefit. For a week (1 to 7 days) of hospitalization, a maximum of Nu.300.00 only per day shall be granted to support the basic dietary needs of the patient. Exceeding more than a week in the hospital or for referrals, parents or guardians will be informed to take care of student’s dietary needs and conditions.

Name of student: …………………………………… Student ID: ………………………

Course: ………………………………………… CID No: ……………………………………

Hospitalization:

Date of Admission: ……………….. Date of Discharge: ……………………

Referrals: Where?................................................................ When?..............................

Attach a copy of Medical Reports.

Allowance: Nu. 300 X (Number of Days in the Hospital) **Total- Nu. …………….**

Dated Signature of Applicant

Contact No: Verified by

Coordinating Councillor Approved by:

Name and Designation Dean Student Affairs