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SAMTSE COLLEGE OF EDUCATION



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
 Name and Designation

Approved by:
 Dean Student Affairs



: 05 365391(President) 365274 (Adm) 365273 (Office) 365363 (Fax) P.O Box No. 329

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