

THE TUBERCULOSIS ASSOCIATION OF INDIA

TB SUPERVISOR COURSE

APPLICATION FORM

(USE BLOCK LETTERS)

Name: Shri/Smt./Kum. \_\_\_\_\_

Father's Name: \_\_\_\_\_

3. Date of Birth:

(Please √ in the appropriate box below)

4. Sex:  Male  Female

5. Marital Status:  Married  Un-married/Widow

6. Postal Address: \_\_\_\_\_

Pin code \_\_\_\_\_

7. Permanent Address: \_\_\_\_\_

Pin code \_\_\_\_\_

Mobile No. \_\_\_\_\_ Email address, if any \_\_\_\_\_

8. Name of the State (to which you belong): \_\_\_\_\_

(Please √ in the appropriate box below)

9. Category:  General  S.C.  S.T.  O.B.C.

10. Sponsored  Non-sponsored

If sponsored, name and address of the Institution may be given below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Employed  Un-Employed

If Employed:

Date of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Name of the Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Affix your recent  
passport size  
photograph

12. Languages Known:

	English	Hindi	Others
Read			
Write			
Speak			

13. Educational Qualifications:

	Name of University/ Institution	Place	Year of passing	Subjects	Marks	% of Marks
Matric						
Inter (10+2)						

14. Any other Qualification/Training:

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Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of the Applicant)

Note:

1. Incomplete application will not be considered.
2. If employed under Government or autonomous organization the application should be routed through proper channel.
3. Attested copies of certificates must be attached.