

THE TUBERCULOSIS ASSOCIATION OF INDIA

TB SUPERVISOR COURSE -2016

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 _____

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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15. Are you in receipt of stipend/scholarship from your State Government/State TB Association or any other organization : Yes/No _____

16. Can you bear all your expenses while undergoing the training: Yes/No _____

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.

Eligibility for TB Supervisor Course

Applicant should have passed (10+2) examination in any stream from a recognized Board with science up to matric (10th) standard from a recognized Board should not be over 30 years of age on the 20th June, 2016. The course is accredited under the Revised National Tuberculosis Control Programme (**RNTCP**) of Ministry of Health & Family Welfare Govt. of India.