

# THE TUBERCULOSIS ASSOCIATION OF INDIA

## TB HEALTH VISITORS COURSE - 2009-2010

### APPLICATION FORM

(to be reached to the Tuberculosis Association of India, 3, Red Cross Road,  
New Delhi-110 001, on or before 30th April, 2009)

(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.

Sponsored  Non-sponsored

10. If sponsored, name of the Institution may be given below:  
\_\_\_\_\_

11. Employed/Unemployed \_\_\_\_\_

If Employed :

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

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

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

Affix your recent  
passport size  
photograph

11. Languages Known:

	English	Hindi	Others
Read			
Write			
Speak			

12. Educational Qualifications:

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

13. Any other Qualification/Training:

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14. Are you in receipt of stipend/scholarship from your State Government/State TB Association or any other organisation : Yes/No \_\_\_\_\_

15. 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 organisation the application should be routed through proper channel.
3. Attested copies of matric and 10+2 certificates must be attached.