

**THE TUBERCULOSIS ASSOCIATION OF INDIA**  
**TB HEALTH VISITORS COURSE - 2008-2009**  
**APPLICATION FORM**

(to be reached to the Tuberculosis Association of India, 3, Red Cross Road,  
New Delhi-110 001, on or before 30th April, 2008)

**(USE BLOCK LETTERS)**

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

2. 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:  
\_\_\_\_\_

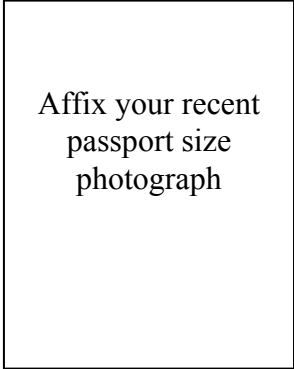
11. Employed/Unemployed \_\_\_\_\_

If Employed :

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

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

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



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:

--	--	--	--	--	--	--

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.