CHRISTIAN MEDICAL COLLEGE, VELLORE - 632004

DEPARTMENT OF DISTANCE EDUCATION & RUHSA

COMMUNITY LAY-LEADERS' HEALTH CERTIFICATE COURSE (CLHTC)

2011 BATCH - APPLICATION FORM

Application No.
For Office Use only

Instruction: *Read the prospectus carefully before filling in the application form.*

Note : All entries in this section must be in **CAPITALS**

Sponsoring Organisation

Name : (As it appears in your 12th Standard Certificate)

Name of Father / Husband :

Gender: Write **M** for Male & **F** for Female

Religion

Nationality

Date of Birth - dd/mm/yyyy

Are you married? (Please tick) Yes No

Languages Known

What is the predominant language spoken in your work place? _____

Address for correspondence :

City: District:

State:

Permanent / Residential Address: (If different from above)

City: District:

State:

Telephone Nos (with STD code)

Mobile Nos:

e-mail : (Should be clear)

Professional Qualifications: (Attach copy of certificates)

Degree	Institution	Year of Completion
PG Qualifications, if any :		

WORK EXPERIENCE: (Use additional sheets if the space provided is inadequate.)

Period		Organisation	Place of Work	Type of work
From	To			

What do you hope to gain from the CLHTC training? (Not more than 4 sentences)

Where are you based?_____ Village ☐ Town ☐ City ☐

District_____ State _____

Experience in the organisation ☐ Years. Population of the area of work _____

Area of work_____ Km radius (or) _____ No. of villages/town

Language of teaching Opted: Hindi ☐ Tamil ☐ English (On Request*) ☐

Choice of Contact Centre: *(Please see the Prospectus for the list of Regional Centres)*

1) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

2) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Undertaking :

All the information given above are complete and accurate. I declare that the Dept. of Distance Education is entitled to cancel my candidature immediately, should it become apparent that any of the particulars furnished above in this application form is/are false or incorrect.

I have read the course regulations and promise to abide by them.

Date : _____

_____
Signature

Enlcosures : 1 Photocopy of 12th Standard certificate and other academic certificates

2 2 Passport size photos

*Candidates opting for English need to take prior permission by contacting us at 0416-2283451