

**CENTRAL LEPROSY TEACHING AND RESEARCH INSTITUTE
CHENGALPATTU - 603 001**

(Subordinate to Directorate General of Health Services, New Delhi - 110 108)

Application form for admission to Leprosy Training Course for the Year 2019-20

Name of Training course :

Date of Training :To.....

Name: Mr/Miss/Mrs./Dr :

Father / Husband's Name :

Date of Birth: Age..... Gender: Male/Female

Designation:.....

Place of Posting:.....District.....

Educational Qualification :

Date of Joining / Last Promotion :

Pay Band / Scale of Pay : Grade Pay :

Service to which belongs : Central /State Govt. / Autonomous Body / NGO/Medical Institution

Organization Name and Address :

Contact No/email id

Residential Address

e-mail id: Mobile No :

Whether Hostel Accommodation is required : Yes / No

Place:

Date:

Signature of Candidate:

Certified that Mr/Ms/Mr /Dr..... is nominated by this organization for the Training at CLTRI, Chengalpattu

Office Seal with Date:

Signature:
Head of Sponsoring
Institute/Organisation
With Designation & Seal

Note:- Please send scanned copy to nodalofficercltri.tnchn@nic.in and bring original (hard) copy while joining for training programme.

Affix Passport
size photograph
duly attested by
the sponsoring
authority