



Form No. A 1467

Original

FEDERAL MINISTRY OF HEALTH
NATIONAL TUBERCULOSIS & LEPROSY TRAINING CENTRE
P.M.B. 1089, ZARIA, KADUNA STATE

APPLICATION FORM FOR ADMISSION

Passport size
Photograph
(2 copies)

- I. TBL Supervisor's Course ( )
II. TBL Laboratory Course ( )
III. Hospital Staff Course ( )
IV. Training of Trainers Course ( )
V. Supervision Course ( )
VI. TBL Program Managers Course ( )
VII. Monitoring & Evaluation Course ( )
VIII. Leadership & Management Course ( )
IX. Refresher Course ( )

(Tick as appropriate)

PART A: (To Be Completed by the Candidate)

1. FULL NAME.....

(Surname)

(First name)

(Middle name)

2. FULL POSTAL ADDRESS.....

3. HOME ADDRESS (if different).....

4. NAME AND ADDRESS OF NEXT OF KIN.....

5. DATE OF BIRTH.....SEX.....STATE/Country OF ORIGIN.....

6. Present designation.....

7. EDUCATIONAL TRAINING

Table with 4 columns: NAME OF INSTITUTION, Year Attended (From, to), Field of Study, Degree awarded

8. Professional Training

Table with 4 columns: NAME OF INSTITUTION, Year Attended (From, to), Field of Study, Certificate awarded

9. Present Employer.....

10. Place of Present Employment.....

**PART B: (To be completed by State/National TBL Program Manager)**

I hereby confirm that applicant has had at least 6 months practical training in Clinical TBL and TBL Control program prior to this date.

.....  
Name and Signature of Program manager

.....  
Date

**PART C: (To be completed by the Director of Public Health Services).**

I hereby certify that the applicant, if admitted into the national Tuberculosis & Leprosy Training Centre, shall work in the TBL Unit for a minimum of 2 years after graduation.

.....  
Name and Signature of Director, PHS

.....  
Date

**PART D: (To be completed by Sponsoring Authority)**

I/WE have checked the above application and certify that the statements made by the applicant are correct, and that I/WE agree to sponsor.

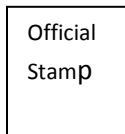
Dr/Mr./Mrs./Miss.....

For the.....

Course commencing.....

Full Name and Address of Sponsoring Authority.....

.....



Name of Signatory.....

Designation.....

Signature.....

**PART E: (For Official Use)**

(a) Date completed Form Received.....

(b) Principal's Comments.....

.....

.....  
Principal's Signature and Date.