

Application form for the Tobacco Victims

(Please fill it in block letters)

Name.....**Age**.....**Gender: Male /Female**

Residential Address
.....
.....

Permanent (if same as above please give the address of a friend or relative).....
.....
.....

Email id 1..... **Email id 2**.....

Phone Number s: Landline..... **Cell phone: Self**..... **Relative**.....

Diagnosis.....**Date of Diagnosis**.....(dd/mm/yy)

Name and Address of treating Doctor
.....

Phone Number of Doctor.....**Email of Doctor**.....

Status of Disease: Recently Diagnosed / Recently treated / Free of Disease for more than one year / Free of Disease for more than five year / Very advanced disease / Recurrent disease.....

Type of tobacco usage – Cigarette / Bidi / Gutka / Pan Masala / Paan/ Suapri / Hukka /

Amount of usage per day.....**Duration of Tobacco Use (yrs)**.....**Age of Initiation**.....

Please tell us briefly why you want to join the campaign?
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Please tell us how you can contribute to this campaign?
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I have read the terms and conditions of the membership of “Voice of Tobacco Victims”. I promise to abide by those terms and conditions. I have voluntarily agreed to join this campaign to contribute to tobacco control in India. I do not have any relationship with the tobacco Industry. Any violation of the terms and condition may lead to cancellation of my membership.

Name.....**Signature**

Date.....**Place**.....