

Application form for Tobacco Victim's Care taker (Please fill it in block letters)

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

Residential Address

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

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

Phone Number s: Landline.....Cell phone: 1..... 2.....

Your relationship with Tobacco victim.....

Information regarding the Tobacco Victim -

Diagnosis..... Date of Diagnosis.....(dd/nn/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 /Recurrence / Very advanced 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 condition. 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.....