

 **Dashboard** **Forms** ▾

PAGES

 **Reports** ▾ **User Profile** **LogOut**

Registration cum Screening

[Home](#) / [Forms](#) / [Registration cum Screening](#)

Registration cum Screening

[Back](#)

| | |
|---|--|
| State: | <input type="text" value="Maharashtra"/> |
| District:* | <input type="text" value="--Select District--"/> |
| Block: | <input type="text"/> |
| Village: | <input type="text"/> |
| Screening Status :* | <input type="text" value="--Select--"/> |
| Date of Screening:* | <input type="text" value="dd/mm/yyyy"/> |
| Screened for TB:* | <input type="text" value="--Select--"/> |
| Name of the Person:* | <input type="text"/> |
| Father/Husband Name:* | <input type="text"/> |
| Age:* | <input type="text"/> |
| Gender:* | <input type="text" value="--Select--"/> |
| Marital Status:* | <input type="text" value="--Select--"/> |
| Telephone No:* | <input type="text"/> |
| Address: | <input type="text"/> |
| Type of Key and Vulnerable Population:* | <input type="text" value="--Select--"/> |
| Occupation : | <input type="text" value="--Select Occupation--"/> |

[Submit](#)[Cancel](#)