རྒྱལ། ཀ་བཅུ་ བཙན་ཕྱོགས་བོད་མིའི་མི་འབོར་ཞིབ་བཤེར།

Form No: **TDS 2018-19 Overseas: Individual form:** **Date:**

Individual Form: Person 1

1.	**Name**	.....
2.	**Citizenship**	☐ Tibetan ☐ Swiss ☐ Canadian ☐ Danish ☐ Chinese ☐ Hispanic ☐ French ☐ American ☐ German ☐ American ☐ German ☐ Australian ☐ Norwegian ☐ British ☐ Belgian ☐ Netherlands ☐ Russian ☐ Russian ☐ Austrian ☐ Italian ☐ Indian ☐ Swedish ☐ Japanese ☐ Irish ☐ Spanish ☐ Czech ☐ New Zealander ☐ Nepalese ☐ Bhutanese ☐ Residential permits ☐ Without papers ☐ If others.....
3.	**Date of Birth**	☐ ☐ DD ☐ ☐ MM ☐ ☐ ☐ ☐ YYYY
4.	**Sex**	☐ Male ☐ Female ☐ Trans Gender
5.	**Current Residential Address**	
6.	**Contact No. (optional)**	
7.	**Marital Status:**	☐ Unmarried ☐ Married ☐ Widowed ☐ Divorced or separated ☐ Single parent ☐ Monk ☐ Nun LGBT ☐
8.	**Spouse Name & Nationality:**	☐ Swiss ☐ Canadian ☐ Danish ☐ Chinese ☐ Spanish ☐ French ☐ American ☐ German ☐ American ☐ German ☐ Australian ☐ Norwegian ☐ British ☐ Belgian ☐ Netherlands ☐ Russian ☐ Austrian ☐ Italian ☐ Indian ☐ Swedish ☐ Japanese ☐ Irish ☐ Spanish ☐ Czech ☐ New Zealander ☐ Nepalese ☐ Bhutanese ☐ If others .....
9.	**Occupation:**	Main Job..... 2nd Job..... 3rd Job.....
10.	**Do you have an income?**	☐ Yes ☐ No
	-If yes, Individual Annual Income	Category 1: ☐ Less than - $24,999 Category 2: ☐ $25,000 - $34,999 Category 3: ☐ $35,000 - $49,999 Category 4: ☐ $50,000 - $74,999 Category 5: ☐ $75,000 - $99,999 Category 6: ☐ $100,000 - $149,999 Category 6: ☐ $150,000 - $199,999 Category 7: ☐ $200,000 and above
11.	**Were you sick last year?**	☐ Yes ☐ No
	-If yes, which health issues did you face?	☐ Cardio vascular ☐ BP ☐ Diabetes Mellitus ☐ Liver cirrhosis ☐ Gastric problems ☐ Alzheimer ☐ Cancer ☐ Arthritis ☐ Asthma ☐ Pathogenic ☐ Alcohol ☐ Pneumonia ☐ ☐ Cronic liver ☐ Typhoid ☐ Respiratory ☐ Sexually transmitted ☐ Hepatitis B ☐ Accidents ☐ AIDS ☐ Kidney/Ureter ☐ Drug dependence ☐ Others
12.	**Language proficiency**	
	Tibetan	☐ Read a message ☐ Write a letter ☐ Speak well
	English	☐ Read a message ☐ Write a letter ☐ Speak well
	Chinese	☐ Read a message ☐ Write a letter ☐ Speak well
	Spanish	☐ Read a message ☐ Write a letter ☐ Speak well
	French	☐ Read a message ☐ Write a letter ☐ Speak well
	German	☐ Read a message ☐ Write a letter ☐ Speak well
	If others specify	☐ Read a message ☐ Write a letter ☐ Speak well
	None	☐ Tick if none of the above
13.	**Which work category do you belong?**	☐ Main worker ☐ Marginal worker ☐ None worker
	If main and marginal worker, what is your formal profession? (degree)	☐ Academics ☐ Nurse ☐ Manufacturing ☐ Financial services ☐ Scientist ☐ R&D ☐ Govt. Service ☐ Private business ☐ Public health ☐ Teachers ☐ Physician ☐ Lawyer ☐ IT ☐ Banks ☐ Sales managers ☐ Business operating managers ☐ Armed forces ☐ Hospitality ☐ Constructions ☐ Taxi ☐ Real estate ☐ Dentist ☐ Social services ☐ Artist ☐ If others .....
	If main and marginal worker, what is last education profile?	☐ Primary ☐ Secondary ☐ Post-high school ☐ Post-Baccalaureate ☐ Post-doctorate
	...if Post-high school	☐ Undergraduate ☐ Vocational/Technical ☐ Community college ☐ Monastic
	...if Post Baccalaureate	☐ Doctorate ☐ Master ☐ Law ☐ Medicine ☐ Dentistry ☐ MBA ☐ Science ☐ Monastic
	...if Post doctorate	☐ Professor ☐ Research ☐ Assistant Professor ☐ Geshe & equivalent
	If main and marginal worker, which vocational skills do you have?	☐ Driving ☐ Tailoring ☐ Food & beverage ☐ Computer support ☐ Age care ☐ House keeping/helpers ☐ Music -instrumentalist ☐ Hair dressing ☐ Modern art ☐ Mechanic ☐ Constructions ☐ Electrician ☐ Dental assistant ☐ Jewellery ☐ Accountants ☐ Costmetologist ☐ Trucker ☐ .....
14.	**If none worker, which of the category do you belong?**	☐ Student ☐ Pensioner ☐ Children ☐ Dependent ☐ If others .....
	If Non-Worker, are you seeking a job?	☐ Yes ☐ No
	If yes, what kind of jobs are you looking for?	1st ..... 2nd ..... 3rd .....

Date: Name of enumerator:..... Signature:.....

----------For official verification purpose only----------

OOT Offices:

US ☐ UK ☐ SWISS ☐ BELGIUM ☐ RUSSIA ☐ JAPAN ☐ AUSTRALIA ☐ TAIWAN ☐ BRAZIL ☐ SA ☐

Designated Officer's Name & Signature:.....