**Application Form for Organizations**

**Name of the Organization:**

**Office of Registration:**

**PAN/VAT Registration Details:**

**Year of Establishment:**

**Address:**

**Services Offered:**

1.

2.

3.

**…**

**Number of Employees in the Organization:**

**Relevant Experience in TB Sector** (provide details of at least 3 past TB related assignments/works)

**TB Consultants within the Organization** (provide brief biographies of the Consultants within the team)

**Total Budget (**With Detail Break Down**)**

**Attachments**

*Please upload registration certificate with proof of renewal; audit reports of last 2 fiscal years and tax clearance certificate.*