ཨཱ། །༢༠༡༨ བཙན་བྱོལ་བོད་མིའི་མི་འབོར་ཞིབ་བཤེར།

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

1.	Name of the Head of Family	Mr./Ms.....		☐ Male ☐ Female ☐ TG
2.	Green Book No.: ☐ Yes ☐ No	If yes:☐☐-☐☐☐☐☐☐☐	DoB:	☐☐ ☐☐ ☐☐☐☐ DD MM YYYY
3.	No. of Family Members:	1☐ 2☐ 3☐ 4☐ 5☐ 6☐ 7☐ 8☐ 9☐ 10☐		
4.	What kind of resident do you currently live in?	☐ Rented ☐ Owned		
5.	Current residential address:	**House#: ..... Str.....** **City/Town.....State/province.....**		**Country.....**
6.	Any Births in the Family in Past One year? If yes...	**Name**		**Sex**
		1.		☐ Male ☐ Female
		2.		☐ Male ☐ Female
		3.		☐ Male ☐ Female
7.	Any Deaths in the Family in the Past one year? If yes...	**Name**	**Date**	**Causes**
		1.		
		2.		
		3.		

		S.no	Name	GB No.:	Relationship to Head
8,	Family Members Detail:	1			
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9			
		10			

9.	Family Annual Expenditure (in US$)	**Category 1**: ☐ Less than $29,999	**Category 2**: ☐ $30,000 - $59,999
		Category 3: ☐ $60 000 -$89,999	**Category 4**: ☐ $90,000 - $119,999
		Category 5: ☐ $120,000 -$149,999	**Category 6**: ☐ $150,000 - $179,999
		Category 7: ☐ $180,000 and $219,999	**Category 8**: ☐ $220,000 and above
10.	☐ Yes ☐ No	**Should CTA initiate any socio-economic services for your well- being by 2021?**	
	If yes, what three specific programme you would like to recommend?	**1st priority.....** **2nd priority.....** **3rd priority.....**	
11.	What type of community initiated projects would you recommend for your region?	**1st priority.....** **2nd priority.....** **3rd priority.....**	

For enumerator only: Name of State: ..... Name of city: ..... Name of enumeration block: .....

....

Name of the enumerator Signature

----------For Official Verification Purpose Only----------

OOT Offices:

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

Designated Officer's Signature:.....