



**Contraception/Birth Control Methods Education Application
Form
(CCMA04)**

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Applicant's

Name:
Surname:
Date of Birth:
Sex:
Education:
English Level:
Email:
Phone:
Additional Info:
Applicant Signature:



Application for Country: City Village: Town: Population: Aprx. children rate: Monthly aprx income for a family:	Proposer/Soley Partner Name, Surname: Organization: Signature:
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- One person should help only one village.
- We will educate her for just medical nursing.
- We will give education via email, online systems, postal, phone and printed paper.
- Applicant has to live in this village.
- If village is so big and necessary, we can call up him/her to USA or Turkey for advanced teaching.
- Applicant must be a woman who she is 15-20 years old, widow or single.
- Applicant photo must be attached.
- We will give first priority for orphan women/girls.

Please attach to this form some photos of this village if it is possible.