FORMAT

Department of Children Welfare and Special Services District Child Protection Unit, Ranipet

Application for	m for	the Post	of	

1	Name of the App (IN CAPITAL LET		Recent					
2	Name of the Fath	er / Husband*		Pass-port size photograph o				
3	Date of Birth *				the applicant			
4	Age *				to be affixed			
5	Marital Status							
6	Address for Comi (IN CAPITAL LET							
7	Phone/Mobile Nu	ımber*		***************************************				
8	E-mail ID*							
9	Educational Qual the copy of suppodocuments)*							
10	Additional Qualifi	cation (if any)						
11	Details of Workin (Enclose the copy		experienc	e certificat	es)*			
SI. No	Name of the organization	Designation	Years of experience					
			From (Date)	To (Date)	No. of years & months			
				Total				

*Mandatory

Note: Incomplete application and application without relevant supporting documents will be summarily rejected without any prior information.

I				here	eby	declare th	at th	e particulars	furnis	hed by	me	ı ir
this	application	form	n are t	rue	to	the best o	f my	knowledge	and b	elief. I	n ca	ase
any	information	ı is	found	to	be	incorrect,	my	candidature	shall	liable	to	be
	cted.						70.50					