

FORMAT

District Child Protection Unit

Department of Social Defence, Chennai-10

Application form of the Post of _____

1.	Name of the Applicant* (IN CAPITAL LETTERS)		Recent passport size Photograph of the Applicant to be affixed		
2.	Name of the Father/Husband *				
3.	Date of Birth*				
4.	Age as on 20.11.2021*				
5.	Marital Status				
6.	Address for Communication* (IN CAPITAL LETTERS)				
7.	Phone / Mobile Number *				
8.	E-mail ID*				
9.	Educational Qualification(Enclose the copy of Supporting documents)*				
10.	Additional Qualification (if any)				
11.	Details of Working Experience (Enclose the copy of the relevant experience certificates)*				
S.No	Name of the Organization	Designation	Years of experience		
			From (Date)	To (Date)	No.of. Years & months

*Mandatory **

Note: Incomplete Application an Application Without relevant supporting documents will be summarily rejected without any prior information.

I _____ hereby declare that the particulars furnished by me in this application form are true to the best of my knowledge and belief. In case any information is found to be incorrect, my candidate shall liable to be rejected.

Signature of the Applicant