

Format

District Child Protection Unit

Department of Children Welfare and Special Services, Chennai – 10

Application Form for the post of _____

Pass-Port Size
Photograph of
the applicant to
be affixed

1	Name of the Applicant	:	
2	Name of the Father / Husband	:	
3	Date of Birth	:	
4	Age as on 01.05.2025 (Below 42 years)	:	
5	Native District	:	
6	Marital Status	:	
7	Address for Communication	:	
8	Phone Number (Land Line and Mobile)	:	
9	E-Mail ID	:	
10	Educational Qualification	:	
11	Additional Qualification	:	
12	Details of Working Experience	:	
13	Enclosures (Self attested) Educational qualification. Working Experience If Retired Govt. Servant, Please attach the Retirement Certificate.	:	

Above given particulars are correct to my knowledge.

Signature of the Applicant

Date :

Place :