OSC –Ernavur Application Form

1. Full Name of the Applicant :	
2. Date of Birth:	
3. Address :	
4. Mobile No:	
5. E-Mail Id:	

6. Educational Qualification: (In case if you need more space, kindly attach separate sheets in the same format).

	Name of Degree/Diploma (as printed on your certificate)	College/University	During		
S.No			From	То	Main Courses of Study
1.					

S.No	Designation	Organization	During		Brief Description of
			From	То	Duties
or : the	ditional information, if an State level Recognition/A requirements of the post	wards won/Public	•	-	, •
9. It 1	s certified that,				
	. The information furnislorrect.	ned in the applicat	ion form a	and enclos	sed documents is
b	. If selected, I shall not he	-	-	• -	•
	usiness other than my des top Centre.	ignated position o	f		at the One
NOT	E: Fill in Application wit	h relevant enclosu	res/docun	nents duly	self attested to be sent
to be	llow address so as reach	h on or before _		by	5.00P.M. Application
receiv	ved after the above date	will summarily be	rejected.	Original	Certificates should not
	nt along with the applica	ntion. The filled A	pplication	will be s	submitted to the below
addre	ess.				
Distri Distri 8 th flo	e Address: ct Social Welfare Officer, ct Social Welfare Office oor, District Collectorate, Salai, Chennai-01				
				Signa	ture of the Applicant
Place	:				
Date:					