

APPLICATION FORM						
DEPARTMENT OF CHILDREN WELFARE AND SPECIAL SERVICES						
CHILD HELPLINE - CHENNAI						
Application form for the post of Counsellor						
(Priority will be provided to Chennai residents)						
1	Name of the Applicant *					
	(IN CAPITAL LETTERS)					
2	Name of the Father / Spouse*					
3	Date of Birth *					
4	Gender					
5	Age as on 01.04.2025*					
6	Marital Status					
7	Address for Communication *					
	(IN CAPITAL LETTERS)					
8	Phone/Mobile Number*					
9	E-mail ID*					
10	Educational Qualification (Enclose the copy of supporting documents) *					
11	Additional Qualification (if any)					
12	For Differently abled person (if applicable)					
	1) Type of Disability					
	2) % of Disability					
	3) Enrolled ID number provided by the Government.					
13	Details of Working Experience (Enclose the copy of the relevant experience certificates) * (along with the NOC of the previous organisation)					
	S.No	Name of the Organization.	Designation	Years of experience		
				From (Date)	To (Date)	No. of years & months
14	Proficiency in Computer *					
	*Mandatory					
	<i>Note: Incomplete application and application without relevant supporting documents will be summarily rejected without any prior information.</i>					
	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 candidature shall liable to be rejected.					

Signature of the Applicant
Date: