FORMAT

District Child Protection Unit, Erode
Children welfare and special services

Application form for the Post of _____

1	**Name of the Applicant * (IN CAPITAL LETTERS)**		Recent Pass-port size photograph of the applicant to be affixed
2	**Name of the Father / Spouse***		
3	**Date of Birth ***		
4	**Gender**		
5	**Age (Not Exceeding 42 years)**		
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	**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**
				Total	

**Mandatory*
Note: Incomplete application and 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 candidature shall liable to be rejected.

Signature of the Applicant