

FORMAT

Department of Children Welfare and Special Services District Child Protection Unit, Ranipet District

Application form for the Post of Counselor

1	Name of the Applicant * (IN CAPITAL LETTERS)		Recent Pass-port size photograph of the applicant to be affixed		
2	Name of the Father / Husband*				
3	Date of Birth *				
4	Age *				
5	Marital Status				
6	Address for Communication * (IN CAPITAL LETTERS) (Only Ranipet & Vellore District)				
7	Differently abled person - Yes/No if yes, provide document				
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. I am very well known that in case any information is found to be incorrect, my candidature shall liable to be rejected.

Signature of the Applicant