

Integrated Child Protection Scheme, J&K

APPLICATION FORM FOR THE POST OF _____
 (Write in CAPITAL Letters in own handwriting by blue/black ball point pen. Put tick() mark in Boxes to indicate your facts

01. Post Applied for _____ Sr. No. of Post _____
02. Advertisement Notice No. _____ Dated: _____
03. Name of the Applicant (in capital letters) _____
04. Father's/Spouse Name _____
05. Sex:- Male Female
06. Category: SC ST OBC RBA Any other category _____
07. Permanent Residential Address: Village _____ Tehsil _____
 District _____ PIN _____
08. Present/Mailing Address: _____
09. Contact/Mobile No: _____
10. Marital Status: Married U Un-Married.
11. Date of Birth: (as per Matriculation Certificate) _____ (Not less than 18 years of age as on 01.01.2016 _____ Years _____ Months _____ Days

Paste one attested Passport size photo here

12. Educational/Technical details-from Matriculate onwards

| Exam | Year of passing | Board/ Institution | Total Marks | Marks Obtained | Percentage (%) of marks | Remarks |
|------|-----------------|--------------------|-------------|----------------|-------------------------|---------|
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13. Experience (Previous/Current)

| Post Held | Organization | Period from to | Nature of Duty |
|-----------|--------------|----------------|----------------|
| | | | |
| | | | |
| | | | |

14. Documents attached:

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |

Signature of the applicant

Date.....

Place.....

DECLARATION

I _____ S/o _____ R/o _____ Tehsil _____
 District _____ do hereby solemnly affirm and declare that the entries made herein above in the application form are true and correct to the best of my knowledge and belief and nothing has been concealed therein. I undertake that if any misrepresentation of facts or concealment of any information in the above application is found at any stage my candidature/selection shall be liable to be cancelled without giving notice to me.

Signature of the applicant

Receipt of the Application Form

(Office of the District Social Welfare Officer _____)

(District Child Protection Officer/Member Secretary, Selection Committee)

Receipt Application No _____ Dated _____

Received an application form from _____ S/o,D/o,W/o _____

R/O _____ for the post of _____ on _____.

Signature(RC)