

## **Press Release**

Department of Social Defence, Chennai invites applications for State Child Protection Society (SCPS) from eligible candidates for the following position. The staff to be recruited for the State Child Protection Society will be appointed on contractual basis and purely on temporary.

### **Vacant Posts & Consolidated Pay**

#### **State Child Protection Society (SCPS)**

1. Accounts Assistant @ Consolidated pay of Rs.10,000/-p.m (**1 post**)

#### **Qualifications:**

**Essential Qualification** - Higher Secondary (10+2) Commerce with Accounts group.

**Experience** - 2 years' experience in Accounts Department of any organization.

**Age** - Not exceeding 40 Years

Hence the applications are invited for appointment. The application format may also be downloaded from the official website i.e. [www.socialdefence.tn.gov.in](http://www.socialdefence.tn.gov.in) or <http://www.tn.gov.in/departments/30> or [http://www.tn.gov.in/job\\_opportunity](http://www.tn.gov.in/job_opportunity)

Eligible candidates can apply for the above said posts in the prescribed application form on or before 18.05.2017 by 5.30 p.m., to the following address. Applications received after the last date and incomplete applications will be summarily rejected.

The Commissioner/Secretary,  
State Child Protection Society,  
Department of Social Defence,  
No.300, Purasawalkam High Road,  
Kellys, Chennai - 600 010.  
Phone: 044 - 26421358

Commissioner/Director,  
State Child Protection Society,  
Department of Social Defence.

**State Child Protection Society,  
Department of Social Defence**

**Application Form for the Post of \_\_\_\_\_**

1	<b>Name of the Applicant (IN CAPITAL LETTERS)</b>		Recent Pass-port size photograph of the applicant to be affixed		
2	<b>Name of the Father / Husband</b>				
3	<b>Date of Birth</b>				
4	<b>Age as on 01.05.2017</b>				
6	<b>Marital Status</b>				
7	<b>Address for Communication ( IN CAPITAL LETTERS)</b>				
8	<b>Phone Number</b>				
9	<b>Educational Qualification (Enclose the copy of supporting documents)*</b>				
10	<b>Additional Qualification</b>				
11	<b>Details of Working Experience (Enclose the copy of the relevant experience certificates)*</b>				
Sl.No	Name of the organization	Designation	Years of experience		
			From	To	No.of years &months
<b>Total</b>					

*\*Mandatory*

*\*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**