

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

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 / Husband			
3	Date of Birth			
4	Age as on 01.07.2016			
5	Native District			
6	Marital Status			
7	Address for Communication (IN CAPITAL LETTERS)			
8	Phone Number			
9	Educational Qualification with copy of supporting documents			
10	Additional Qualification			
11	Details of Working Experience with supporting documents. (Relevant experience certificates should be attached)			
Name of the organization		Designation	Years of experience	
			From	To

**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