

**DISTRICT CHILD PROTECTION OFFICE, SIVAGANGAI DEPARTMENT**  
**OF CHILDREN WELFARE AND SPECIAL SERVICES**

Application form for the Post of \_\_\_\_\_

1.	Name of the Applicant* (IN CAPITAL LETTERS)	:		Recent Pass- port size Photograph
2.	Name of the Father / Husband*	:		
3.	Date of Birth*	:		
4.	Age as on 01.12.2025*	:		
5.	Marital Status*	:		
6.	Address for Communication*(IN CAPITAL LETTERS)	:		
7.	Phone / Mobile Number*	:		
8.	E-Mail Id*	:		
9.	Educational Qualification (Enclose the copy of supporting documents) *	:		
10.	Additional Qualification (if any)	:		

Sl. No	Name of the Organization	Designation	Years of experience		
			From	To	No.of Years & Months
		Total			

*\*Mandatory*

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

Signature of the Applicant