

APPLICATION FORM

District Child Welfare Council Ambala Vacancy

Application for the Post of _____

1. Name of the Post Applied for:

2. Full Name of the Candidate:
(in Capitals)

3. Date of Birth:

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Day

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Month

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Year

4. Gender (please tick $\sqrt{}$): Male ☐ Female ☐

5. Marital Status:

6. Father's/Husband's Name:

7. Mailing Address (in block letters):

..... Pin Code:

Tel. No. : Mobile:

E.mail ID (if any):

8. Nationality:

9. Whether Physical Handicapped? (please tick $\sqrt{}$) : Yes ☐ No ☐

10. Community (please tick $\sqrt{}$) SC ☐ ST ☐ OBC ☐ GENERAL ☐ Other _____

11. All Educational/other professional Qualifications/Training Courses etc/Degree Examination onwards:

| Level | Exam passed/ Degree Trg. | Division/Grade % of Marks | Year of Passing | Duration of the Degree/ Diploma | Board/ University | Subject | Subject of Specialisation |
|-------|-----------------------------|------------------------------|--------------------|------------------------------------|-------------------|---------|------------------------------|
| | | | | | | | |

Paste your recent
passport size
photograph

12. Any other relevant Information:

13. Details of enclosures: 1)

2)

3)

I hereby declare that all the statements made in the application are true and complete to the best of my knowledge and belief. I understand that action can be taken against me by the Commission, if I am declared by them to be guilty of any type of misconduct mentioned herein. I have informed my Head Office/Deptt, in writing that I am applying for this selection.

Date:

Signature of candidate

Place: