CHECK LIST FOR SCRUTINY OF THE APPLICATION OF CANDIDATES APPLIED FOR APPOINTMENT

1)	Name of the Candidate	:		
2)	Father's Name	:		
3)	Male/Female	:		
4)	Date of Birth	:		Age:
5)	Address for communication	:		
6)	Contact.No.	:		
7)	Community	:		
8)	Educational Qualification	:		
9)	Marks obtained	i) Marks Secured ii) Total Marks iii) Percentage	= =	
10	Experience	:		
11)) Whether application is accep	oted or Rejected	:	
12	Remarks :			

Application Form

Latest passport size PHOTO

 $\underline{\textbf{Note}}$: - 1. All columns of the application must be filled by the candidate.

2. Copies of all required certificates according notification duly attested by a Gazetted Officer must be enclosed.

Position Applied For:
[1] PERSONAL INFORMATION:
Name
Residential Address:
Phone Number: Mobile Number:
Email id:
Sex: Female Male
Date of Birth: Age as on 1.7.2023:
Nationality and Religion:
Whether the candidate belongs to S.C. or S.T. or B.C. if separticulars:
Disability, if any:
Have you been charge-sheeted, convicted of or pleaded guilty to an offence? Yes No
If yes particulars thereof and present status:
Have you been associated with any organization that has been blacklisted OR has been proved of financial fraud? Yes No
If yes, please explain:
What date are you available to start work?

[2] EDUCATION INFORMATION: Please give details of your education track record (from high school to PG)

SI. No.	Qualifications (Degree/PG) with specialization	Name of the College/University	Degree	Period (from -to)	% of Marks scored

Highlight Trainings you have attended (list only the trainings that are related to women & child protection)

Topic of Training	Training organized by – venue	Duration of the training

[3] EMPLOYMENT HISTORY: [Give details of the last 3 postings]

Name of the	Position	Period	Address	Job	Last	Reasons for
Organisation	held /	(from-to)	Phone:	Responsibilities	Salary	Leaving
	Designation		Email:		drawn	

Total no. of	years employment	experience in	relevant field:	
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Work experience in collaboration with NGO/Govt.. depts./agencies if any

Position held / Designation	Name of the Project /Program	Name of the Organization / Dept/Agency partnered with.	Duration of such collaboration/partnership

May	, We	Contact	Your	Present	Employ	ver? Ye	s No	
1.101		Contact	. oa:	1 1 636116	LIIIPIO	VCI I C	3 110	

Computer Skills: How do you rate yourself.

Skill in using the computer	Excellent/ Good / Average /No experience
Skill in using the MS-Word, MS-Excel &	Excellent/ Good / Average /No experience
Power point.	
Skill in using the using the internet	Excellent/ Good / Average /No experience

Skills and Competencies you have that would benefit the program here:
i
ii
iii
Your Achievements in the area of women and child protection:
Awards/Citations received:
References: (Please give details of two references)
(1) Name/Title Address & Phone no:
Relationship with referee:
(2) Name/Title Address & Phone no:
Relationship with referee:
I certify that the information furnished by me in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above (including the enclosed documents).
Signature
Date