DEPARTMENT OF CHILDREN WELFARE AND SPECIAL SERVICES
DISTRICT CHILD PROTECTION UNIT, SIVAGANGAI
APPLICATION -SUPPORT PERSONS

1.	**Name:**	**PASTE RECENT PASSPORT SIZE PHOTO HERE**
2.	**Age & Date of Birth:**	
3.	**Address for Communication:**	
4.	**Mobile Number:** **Email ID:**	
5.	**Educational Qualifications:** *(Degree / Post Graduation details)*	
6.	**Organizational Affiliation & Designation (if any):**	
7.	**Languages Known:**	**Speak:** **Read:** **Write:**
8.	**Community**	
9.	**Experience in working with children & young people (below 18 years):** *(Provide details along with duration, including voluntary work)*	
10.	**Child / Youth-related Training or Courses Attended:**	

11.	**References (Provide 2 References with Name & Contact Info):**	**1.** **2.**

***Incomplete application and application without relevant supportive 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.

Date: **Signature of the Applicant**

Enclosure: