Application Form for Women Helpline 181

1. Application for the Post:

Date:

2. Distri	ict Applied for:									Photo
3. Name	e of Applicant:									
4. Fathe	r/ Husband's Nar	me:								
5. Perm	anent Address:									
6. Mobi	le Number:									
7. Emai	1 Id:									
8. Date	of Birth (as per 1	0 th Mark	sheet):							
9. Age <i>a</i>	as on Date of Adv	ertiseme	nt:							
10. Gen	der:									
11. Cate	egory (SC/BC):									
12. Edu	cational Qualifica	ations:								
Sr. No.	Qualification Subjects (10th onwards)	with	Name of	School/ U	University	7	Marks Obtained Marks		Total Marks	Percent age
12 Eve	anian aas									
	erience:		T =	I				I		T =
Sr. No.	Name of Organization	Name of Post	Period (From – To)		Ouration (s and Day		rs,	Job Respo	nsibilities	Last Salary Drawn
			- 10)	Year	Month	Da	ay			Diawii
best of 1	ation: "I hereby d my knowledge an d the appointing a	d belief a	nd if at any	y stage it	is found in	ncor	rect,	I shall b	oe held res	ponsible
Consen shifts.	t: I do hereby con	nsent to d	o night shi	fts also a	s the Sche	me i	is op	erationa	1 24x7 in r	otational
Place:										

(Signature of Applicant)

Application Form for Child Helpline 1098 (Panchkula)

Sr. Qualification with	Name of School/ University	Marks	Total	Percent
12. Educational Qualifications:				
11. Category (SC/BC):				
10. Gender:				
9. Age as on Date of Advertiseme	ent:			
8. Date of Birth (as per 10 th Mark	sheet):			
7. Email Id:				
6. Mobile Number:				
5. Permanent Address:				
4. Father/ Husband's Name:				
3. Name of Applicant:				
2. District Applied for:				Photo
1. Application for the Post:			Г	

Sr. No.	Qualification with Subjects (10 th onwards)	Name of School/ University	Marks Obtained	Total Marks	Percent age

13. Experience:

Sr. No.	Name of Organization	Name of Post	Period (From – To)	Total Duration (Years, Months and Days)		Job Responsibilities	Last Salary Drawn	
				Year	Month	Day		

Declaration: "I hereby declare that all the statement made as above are correct and complete to the best of my knowledge and belief and if at any stage it is found incorrect, I shall be held responsible for it and the appointing authority has the right to terminate my service and initiate any appropriate action".

Consent: I do hereby consent to do night shifts also as the Scheme is operational 24x / in rotation	nai
shifts.	
Place:	

Date:	(Signature of Applicant)
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Application Form for Child Helpline 1098 (District Level)

1. Application for the Post:	
2. District Applied for:	
3. Name of Applicant:	Photo
4. Father/ Husband's Name:	
5. Permanent Address:	
6. Mobile Number:	
7. Email Id:	
8. Date of Birth (as per 10 th Mark sheet):	
9. Age as on Date of Advertisement:	
10. Gender:	
11. Category (SC/BC):	
12. Educational Qualifications:	

Sr. No.	Qualification with Subjects (10 th onwards)	Name of School/ University	Marks Obtained	Total Marks	Percent age

13. Experience:

Sr. No.	Name of Organization	Name of Post	Period (From – To)	Total Duration (Years, Months and Days)		Job Responsibilities	Last Salary Drawn	
			Í	Year	Month	Day		

Declaration: "I hereby declare that all the statement made as above are correct and complete to the best of my knowledge and belief and if at any stage it is found incorrect, I shall be held responsible for it and the appointing authority has the right to terminate my service and initiate any appropriate action".

Consent: I do hereby	consent to do night sl	hifts also as the Sche	me is operational 24x7	' in rotational
shifts.				
Place:				

Dotos	(Cionatura of Amaliaant)
Date:	(Signature of Applicant)

Application Form for One Stop Centre

1. Appli	cation for the Post:			Γ			
2. Distri	ct Applied for:				Photo		
3. Name of Applicant:							
4. Fathe	r/ Husband's Name:						
5. Perma	anent Address:						
6. Mobi	6. Mobile Number:						
7. Email	Id:						
8. Date	of Birth (as per 10 th Mark	sheet):					
9. Age a	s on Date of Advertiseme	ent:					
10. Gene	der:						
11. Cate	gory (SC/BC):						
12. Edu	12. Educational Qualifications:						
Sr. No.	Qualification with Subjects (10 th onwards)	Name of School/ University	Marks Obtained	Total Marks	Percent age		
ı			I	1	1		

13. Experience:

Sr. No.	Name of Organization	Name of Post	Period (From – To)	Total Duration (Years, Months and Days)			Job Responsibilities	Last Salary Drawn
				Year Month Day				

Declaration: "I hereby declare that all the statement made as above are correct and complete to the best of my knowledge and belief and if at any stage it is found incorrect, I shall be held responsible for it and the appointing authority has the right to terminate my service and initiate any appropriate action".

Consent: I do hereby consent to do night shifts also as t	he Scheme is operational 24x7 in rotationa
shifts.	
Place:	

Date:	(Signature of Applicant)
2	(Signature of rippireum)

Application Form for SCPS & SARA (Panchkula)

1. Appli	cation for the Po	st:								
2. District Applied for:									Photo	
3. Name of Applicant:									111000	
4. Father/ Husband's Name:										
5. Perma	nnent Address:									
6. Mobil	e Number:									
7. Email	Id:									
8. Date of	of Birth (as per 1	Oth Mark	sheet):							
9. Age a	s on Date of Adv	ertiseme	nt:							
10. Geno	der:									
11. Cate	gory (SC/BC):									
12. Educ	cational Qualifica	ations:								
Sr. No.	Qualification Subjects (10 th onwards)	with	•				Marks Total Obtained Mark		Percent age	
13. Expe	erience:					ı.				1
Sr. No.						rs,	Job Respo	Last Salary Drawn		
				Year	Month	Day				
Declara	tion: "I hereby d	eclare the	at all the st	atement 1	nade as ah	ove	are (correct a	and comple	ete to the
best of n	ny knowledge and the appointing	d belief a	and if at any	y stage it	is found in	ncor	rect,	I shall b	e held res	ponsible
Place:										
Date:							(Signat	ture of App	olicant)	

Application Form for District Child Protection Units

Date:								(Signa	ture of App	plicant)
Place:										
best of r for it an action".	Ition: "I hereby d my knowledge an d the appointing	d belief a	and if at an	y stage it	is found i	ncorre	ect,	I shall l	be held res	ponsible
			10)	Year	Month	Day	7			2201111
Sr. No.	Name of Organization	Name of Post	Period (From – To)	Total Duration (Yea Months and Days)			*		nsibilities	Last Salary Drawn
13. Exp	erience:					•				
No. Qualification with Subjects (10 th onwards)			Name of	Name of School/ University				Marks Obtained M		Percent age
	cational Qualifica								Γ	1
	egory (SC/BC):									
10. Gen	der:									
9. Age a	as on Date of Adv	ertiseme	nt:							
8. Date	of Birth (as per 1	Oth Mark	sheet):							
7. Email	l Id:									
6. Mobi	le Number:									
5. Perma	anent Address:									
4. Fathe	r/ Husband's Nai	me:								
3. Name	e of Applicant:									Photo
2. Distri	ct Applied for:									
1. Appli	cation for the Po	st:							Г	