

GOVERNMENT OF PUDUCHERRY  
DIRECTORATE OF SOCIAL WELFARE  
U.T. OF PUDUCHERRY CHILD PROTECTION SOCIETY (UTPCPS),  
No.1, Saradambal Nagar Main Road, Ellaipillaichavady, Puducherry  
Ph.0413-2200088  
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PROFORMA OF APPLICATION FOR THE POST OF MEMBER IN JUVENILE JUSTICE BOARD (JJB) AND CHAIR PERSON / MEMBER OF CHILD WELFARE COMMITTEE (CWC) IN ALL THE FOUR REGIONS OF U.T. OF PUDUCHERRY (EXCEPT CWC IN MAHE REGION).

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|-----|--|---|------------------|
| 1.  | Name in Block letters  | : |                  |
| 2.  | Father/Husband's Name  | : |                  |
| 3.  | Date of birth  | : |                  |
| 4.  | Age (as on Sep 01 2017)  | : |                  |
| 5.  | Sex  | : | Male      Female |
| 6.  | Nativity   | : |                  |
| 7.  | Nationality  | : |                  |
| 8.  | Address for communication  | : |                  |
| 9.  | Telephone No & Mobile No   | : |                  |
| 10. | Email ID   | : |                  |
| 11. | Educational qualification(with certificates)   | : |                  |
| 12. | Field of achievement   | : |                  |
| 13. | A brief life – sketch of the individual including press clippings / certificates etc                           | : |                  |
| 14. | The performance of the individual adjudged as exceptional achievement in the field of Child Welfare Activities | : |                  |
| 15. | No Objection Certificate from Police Station (has no past record of violation of human rights or child rights) | : |                  |
| 16. | Any other relevant information   | : |                  |

Affix Recent Passport Size Photograph
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**DECLARATION**

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and if any of the above given information being found false or incorrect or ineligible and detected before or after exam/interview I hereby convey my consent for cancellation of my candidature. Further I declare that, I have gone through all the terms and conditions of appointment I will abide the same.

Place:

Date:

Candidate

Signature of the