



GOVERNMENT OF PUDUCHERRY
U.T. OF PUDUCHERRY CHILD PROTECTION SOCIETY (UTPCPS)
DEPARTMENT OF WOMEN AND CHILD DEVELOPMENT

No.2304//DWCD/UTPCPS/Register/POCSO/2024

Dt. 18.11.2024

NOTIFICATION

Union Territory of Puducherry Child Protection Society (UTPCPS) a unit of Department of Women and Child Development is inviting applications for the empanelment of 5 Nos. of Support Person as per Section 39 of POCSO Act, 2012 & Rule 5 (6) of the POCSO Rules, 2020 for a period of three years from the eligible Native / Residents of Union Territory of Puducherry.

Qualification for support person:

1. Post graduate degree in Social Work or Sociology or Psychology or Child Development OR Graduate with minimum three years of experience in child education and development or protection issues.
2. Person of any organization actively engaged in the realm of child rights or child protection.
3. Any official associated with a Children's Home or Shelter Home responsible for the custody of the child, Anganwadi Workers and Child-line Workers may also be eligible to apply as a Support Person³
4. Age limit: 25 -45 Years.
5. Flexible to work 24/7.
6. Number of Post: 5 Nos.(Male-1 No., Female-4 Nos.)
7. Candidates should be a resident of Puducherry region.
8. For detailed guideline of Support person, Applicants can visit the websites <https://ncpcr.gov.in/>, <https://www.py.gov.in> and <https://wcd.py.gov.in>.

Remuneration for Support Person: The remuneration of Rs. 1000/- per POCSO Case shall be paid to the Support Person for his/her visits made at Hospital, Child Welfare Committee, Police Station, Child Care Institutions, the Victim's Family, Educational Institutions, Court, Bank, any Govt. Department etc.

The eligible candidates are requested to submit the filled in application along with testimonials on or before **18.12.2024 by 5.00 p.m.** to the **Director/Member Secretary(UTPCPS), Department of Women and Child Development, Kamarajar Salai, Opp. to LIC Office, New Saram, Puducherry-605013**, Contact- 0413-2244788.

Note: Applications received after the prescribed date and time limit will not be considered.

-sd-
(A. ILANGOVANE)
Director (DWCD)/Member
Secretary (UTPCPS)

**GOVERNMENT OF PUDUCHERRY
DEPARTMENT OF WOMEN AND CHILD DEVELOPMENT
U.T. OF PUDUCHERRY CHILD PROTECTION SOCIETY, PUDUCHERRY**

**PROFORMA OF APPLICATION FOR THE POST OF SUPPORT PERSON UNDER SECTION 39 OF
PROTECTION OF CHILDREN FROM SEXUAL OFFENCES ACT, 2012**

1. Post applied for:.....

2. Full Name :.....

3. Gender: Male/Female:.....

4. Father's Name/ Husband's Name:.....
.....

5. Permanent Address:
.....
.....

6. Correspondence address:
.....
.....

7. Mobile No.:.....Email ID:
.....

8. Date of Birth:.....

9. Present Age as on date of Advertisement:.....Yrs.

10. Nativity:.....

11. Nationality:

12. Educational Qualification: (Certificates to be enclosed)

Qualification	Subjects	Name of School/University	Marks Obtained	Total Marks	%	Year of Passing
Graduation						
Post-Graduation						
Any Other						

Paste recent passport
size photograph

13.Experience (if any): (Certificates to be enclosed)

Name of organization	Designation	Nature of Duties	Period		Duration
			From	To	

Declaration: “I hereby declare that all the statements made in the application form are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue/false/incorrect or I do not satisfy the eligibility criteria, my candidature/appointment will be cancelled/ terminated without assigning any reason thereof. I have read the contents of the advertisement and agree to abide by the rules, regulations and procedures for appointment to the post applied for.”

Date:

(Signature of the applicant)

Place: