

**GOVERNMENT OF PUDUCHERRY
DEPARTMENT OF WOMEN AND CHILD DEVELOPMENT
Puducherry Housing Board Complex (Opp to LIC),
Kamaraj Salai, New Saram, Puducherry.**

**PROFORMA OF APPLICATION FOR THE POST OF CHAIR PERSON IN THE UT OF
PUDUCHERRY COMMISSION FOR PROTECTION OF CHILD RIGHTS, PUDUCHERRY**

- | | | | |
|---|---|------|--------|
| 1) Name in Block letters | : | | |
| 2) Father/Husband's Name | : | | |
| 3) Date of birth | : | | |
| 4) Age (as on April 17 th 2017) | : | | |
| 5) Sex | : | Male | Female |
| 6) Nativity | : | | |
| 7) Nationality | : | | |
| 8) Address for communication | : | | |
| | | | |
| 9) Telephone 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 rights | : | | |
| 15) Any other relevant information | : | | |

Affix
Passport
Size
Photograph

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:

signature of the candidate