

Application Form

Photo

Position Applied For: _____

[1] PERSONAL INFORMATION:

Name _____

Residential Address: _____

Phone Number: _____ Mobile Number: _____

Email id: _____

Sex: Female Male

Date of Birth:

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Age as on : 01-03-2023 : _____ years

Caste:

Disability, if any:

Have you been charge-sheeted, convicted of or pleaded guilty to an offence?

Yes _____ No _____

If yes particulars thereof and present status: _____

Have you been associated with any organization that has been blacklisted OR has been proved of financial fraud? Yes _____ No _____

If yes, please explain:

What date are you available to start work? _____

Total no. of years employment experience _____

Work experience in collaboration with NGO/Govt.. depts./agencies if any

| Position held / Designation | Name of the Project /Program | Name of the Organisation / Dept../Agency partnered with. | Duration of such collaboration/partnership |
|-----------------------------|------------------------------|----------------------------------------------------------|--------------------------------------------|
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May We Contact Your Present Employer? Yes _____ No _____

Computer Skills: How do you rate yourself.

| | |
|-----------------------------------------------------|------------------------------------------|
| Skill in using the computer | Excellent/ Good / Average /No experience |
| Skill in using the MS-Word, MS-Excel & Power point. | Excellent/ Good / Average /No experience |
| Skill in using the using the internet | Excellent/ Good / Average /No experience |

Skills and Competencies you have that would benefit the program here:

i. _____

ii _____

iii _____

Your Achievements in the area of women and child protection: _____

Awards/Citations received: _____

References: (Please give details of two references)

(1) Name/Title Address & Phone no: _____

Relationship with referee: _____

(2) Name/Title Address & Phone no: _____

Relationship with referee: _____

I certify that the information furnished by me in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above (including the enclosed documents).

Signature _____

Date _____