



# Gujarat State Child Protection Society

## District Child Protection Unit & Specialized Adoption Agency



Block No. 19, 3<sup>rd</sup> Floor, Dr. Jivaraj Maheta Bhavan, Gandhinagar.

### APPLICATION FORM

Name the Districts wish to Apply: 1..... 2 ..... 3 .....

Name & No.of Post applied for: \_\_\_\_\_

Name : \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact No. : (R) \_\_\_\_\_ (M) \_\_\_\_\_ (O) \_\_\_\_\_

Email Address: \_\_\_\_\_

Gender : \_\_\_\_\_

Nationality : \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ (dd/mm/yyyy) format

Educational Qualification:

| Qualification      | Degree | Name of University | Year | Percentage |
|--------------------|--------|--------------------|------|------------|
| 1. Graduation      |        |                    |      |            |
| 2. Post Graduation |        |                    |      |            |
| 3.                 |        |                    |      |            |
|                    |        |                    |      |            |
|                    |        |                    |      |            |

1) Job Experience:

Total Experience: (Years) \_\_\_\_\_

|                         |  |  |  |  |
|-------------------------|--|--|--|--|
| 1. Name of Organization |  |  |  |  |
| 2. Designation          |  |  |  |  |
| 3. Period               |  |  |  |  |
| 4. Work Profile         |  |  |  |  |
| 5. Remuneration (#)     |  |  |  |  |

**2) Job Experience:**

|                         |  |  |  |  |
|-------------------------|--|--|--|--|
| 1. Name of Organization |  |  |  |  |
| 2. Designation          |  |  |  |  |
| 3. Period               |  |  |  |  |
| 4. Work Profile         |  |  |  |  |
| 5. Remuneration (#)     |  |  |  |  |

**3) Job Experience:**

|                         |  |  |  |  |
|-------------------------|--|--|--|--|
| 1. Name of Organization |  |  |  |  |
| 2. Designation          |  |  |  |  |
| 3. Period               |  |  |  |  |
| 4. Work Profile         |  |  |  |  |
| 5. Remuneration (#)     |  |  |  |  |

# Original Mark sheets and Last pay slip will have to be produced at the time of interview.

**Key Expertise:**

---

---

**Training / Workshop Details:**

- 1). \_\_\_\_\_
- 2). \_\_\_\_\_

**Publications / Paper Presented:**

---

---

I, the undersigned, certify that to the best of my knowledge and belief, this application correctly describes my self, my qualification and my experience.

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**