

**Department of Children Welfare and Special Service
District Child Protection Unit- Mayiladuthurai District**

Application form for the Post of Out Reach Worker

1	Name of the Applicant* (IN CAPITAL LETTERS)		Recent Pass-port size Photograph			
2	Name of the Father / Husband*					
3	Date of Birth*					
4	Age as on February 2025					
5	Marital Status*					
6	Address for Communication* (IN CAPITAL LETTERS)					
7	Phone / Mobile Number*					
8	E-Mail Id*					
9	Educational Qualification (Enclose the copy of supporting documents)*					
10	Additional Qualification (if any)					
11	Details of Working Experience (Enclose the copy of the relevant experience certificates)*					
	Sl. No	Name of the Organization	Designation	Years of experience		
				From (Date)	To (Date)	No. of Years & Months
	Total					

***Mandatory**

Note: Incomplete application and without relevant supporting documents will be summarily rejected without any prior information

I _____ hereby declare that the particulars furnished by me in this application form are true to the best of my knowledge and belief. In case any information is found to be incorrect, my candidate shall liable to be rejected.

Signature of the Applicant