

## Application Form for Women Helpline 181

1. Application for the Post:
2. District Applied for:
3. Name of Applicant:
4. Father/ Husband's Name:
5. Permanent Address:
6. Mobile Number:
7. Email Id:
8. Date of Birth (as per 10<sup>th</sup> Mark sheet):
9. Age as on Date of Advertisement:
10. Gender:
11. Category (SC/BC):
12. Educational Qualifications:



Sr. No.	Qualification with Subjects (10 <sup>th</sup> onwards)	Name of School/ University	Marks Obtained	Total Marks	Percent age

13. Experience:

Sr. No.	Name of Organization	Name of Post	Period (From - To)	Total Duration (Years, Months and Days)			Job Responsibilities	Last Salary Drawn
				Year	Month	Day		

**Declaration:** "I hereby declare that all the statement made as above are correct and complete to the best of my knowledge and belief and if at any stage it is found incorrect, I shall be held responsible for it and the appointing authority has the right to terminate my service and initiate any appropriate action".

**Consent:** I do hereby consent to do night shifts also as the Scheme is operational 24x7 in rotational shifts.

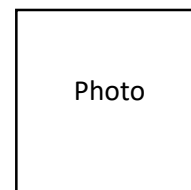
Place:

Date:

(Signature of Applicant)

### Application Form for Child Helpline 1098 (Panchkula)

1. Application for the Post:
2. District Applied for:
3. Name of Applicant:
4. Father/ Husband's Name:
5. Permanent Address:
6. Mobile Number:
7. Email Id:
8. Date of Birth (as per 10<sup>th</sup> Mark sheet):
9. Age as on Date of Advertisement:
10. Gender:
11. Category (SC/BC):
12. Educational Qualifications:



Sr. No.	Qualification with Subjects (10 <sup>th</sup> onwards)	Name of School/ University	Marks Obtained	Total Marks	Percent age

13. Experience:

Sr. No.	Name of Organization	Name of Post	Period (From - To)	Total Duration (Years, Months and Days)			Job Responsibilities	Last Salary Drawn
				Year	Month	Day		

**Declaration:** "I hereby declare that all the statement made as above are correct and complete to the best of my knowledge and belief and if at any stage it is found incorrect, I shall be held responsible for it and the appointing authority has the right to terminate my service and initiate any appropriate action".

**Consent:** I do hereby consent to do night shifts also as the Scheme is operational 24x7 in rotational shifts.

Place:

Date:

(Signature of Applicant)

### Application Form for Child Helpline 1098 (District Level)

1. Application for the Post:
2. District Applied for:
3. Name of Applicant:
4. Father/ Husband's Name:
5. Permanent Address:
6. Mobile Number:
7. Email Id:
8. Date of Birth (as per 10<sup>th</sup> Mark sheet):
9. Age as on Date of Advertisement:
10. Gender:
11. Category (SC/BC):
12. Educational Qualifications:



Sr. No.	Qualification with Subjects (10 <sup>th</sup> onwards)	Name of School/ University	Marks Obtained	Total Marks	Percent age

13. Experience:

Sr. No.	Name of Organization	Name of Post	Period (From - To)	Total Duration (Years, Months and Days)			Job Responsibilities	Last Salary Drawn
				Year	Month	Day		

**Declaration:** "I hereby declare that all the statement made as above are correct and complete to the best of my knowledge and belief and if at any stage it is found incorrect, I shall be held responsible for it and the appointing authority has the right to terminate my service and initiate any appropriate action".

**Consent:** I do hereby consent to do night shifts also as the Scheme is operational 24x7 in rotational shifts.

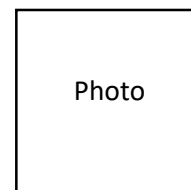
Place:

Date:

(Signature of Applicant)

## Application Form for One Stop Centre

1. Application for the Post:
2. District Applied for:
3. Name of Applicant:
4. Father/ Husband's Name:
5. Permanent Address:
6. Mobile Number:
7. Email Id:
8. Date of Birth (as per 10<sup>th</sup> Mark sheet):
9. Age as on Date of Advertisement:
10. Gender:
11. Category (SC/BC):
12. Educational Qualifications:



Sr. No.	Qualification with Subjects (10 <sup>th</sup> onwards)	Name of School/ University	Marks Obtained	Total Marks	Percent age

13. Experience:

Sr. No.	Name of Organization	Name of Post	Period (From - To)	Total Duration (Years, Months and Days)			Job Responsibilities	Last Salary Drawn
				Year	Month	Day		

**Declaration:** "I hereby declare that all the statement made as above are correct and complete to the best of my knowledge and belief and if at any stage it is found incorrect, I shall be held responsible for it and the appointing authority has the right to terminate my service and initiate any appropriate action".

**Consent:** I do hereby consent to do night shifts also as the Scheme is operational 24x7 in rotational shifts.

Place:

Date:

(Signature of Applicant)

## Application Form for SCPS & SARA (Panchkula)

1. Application for the Post:
2. District Applied for:
3. Name of Applicant:
4. Father/ Husband's Name:
5. Permanent Address:
6. Mobile Number:
7. Email Id:
8. Date of Birth (as per 10<sup>th</sup> Mark sheet):
9. Age as on Date of Advertisement:
10. Gender:
11. Category (SC/BC):
12. Educational Qualifications:



Sr. No.	Qualification with Subjects (10 <sup>th</sup> onwards)	Name of School/ University	Marks Obtained	Total Marks	Percent age

13. Experience:

Sr. No.	Name of Organization	Name of Post	Period (From – To)	Total Duration (Years, Months and Days)			Job Responsibilities	Last Salary Drawn
				Year	Month	Day		

**Declaration:** "I hereby declare that all the statement made as above are correct and complete to the best of my knowledge and belief and if at any stage it is found incorrect, I shall be held responsible for it and the appointing authority has the right to terminate my service and initiate any appropriate action".

Place:

Date:

(Signature of Applicant)

## Application Form for District Child Protection Units

1. Application for the Post:
2. District Applied for:
3. Name of Applicant:
4. Father/ Husband's Name:
5. Permanent Address:
6. Mobile Number:
7. Email Id:
8. Date of Birth (as per 10<sup>th</sup> Mark sheet):
9. Age as on Date of Advertisement:
10. Gender:
11. Category (SC/BC):
12. Educational Qualifications:



Sr. No.	Qualification with Subjects (10 <sup>th</sup> onwards)	Name of School/ University	Marks Obtained	Total Marks	Percent age

13. Experience:

Sr. No.	Name of Organization	Name of Post	Period (From - To)	Total Duration (Years, Months and Days)			Job Responsibilities	Last Salary Drawn
				Year	Month	Day		

**Declaration:** "I hereby declare that all the statement made as above are correct and complete to the best of my knowledge and belief and if at any stage it is found incorrect, I shall be held responsible for it and the appointing authority has the right to terminate my service and initiate any appropriate action".

Place:

Date:

(Signature of Applicant)