### **Application Form for Women Helpline 181**

					en merpin				
1. Appli	ication for the Pos	st:						Г	
2. Distri	ict Applied for:								Photo
3. Name	e of Applicant:								
4. Fathe	er/ Husband's Nar	me:							
5. Perm	anent Address:								
6. Mobi	le Number:								
7. Emai	l Id:								
8. Date	of Birth (as per 1	0 <sup>th</sup> Mark s	sheet):						
9. Age a	as on Date of Adv	ertisemer	nt:						
10. Gen	der:								
11. Cate	egory (SC/BC):								
12. Edu	cational Qualifica	ations:							
Sr. No.	_		Name of School/ University			Ma	rks	Total	
					omversity		tained	Marks	Percent age
	onwards)	Name of Post	Period (From	Total I	Ouration (s and Day	Years,	Job		
13. Exp	onwards) erience: Name of			Total I	Ouration (	Years,	Job	Marks	Last Salary
13. Exp	onwards) erience: Name of		(From	Total I Month	Ouration (	Years,	Job	Marks	Last Salary

**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.

silits.	
Place:	
Date:	(Signature of Applicant)

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

Sr. No.	Qualification with Subjects (10 <sup>th</sup>	Name of School/ University	Marks Obtained	Total Marks	Percent age
12. Educ	cational Qualifications:				
11. Cate	gory (SC/BC):				
10. Gend	ler:				
9. Age as	s on Date of Advertiseme	nt:			
8. Date of	of Birth (as per 10 <sup>th</sup> Mark	sheet):			
7. Email	Id:				
6. Mobil	e Number:				
5. Perma	nent Address:				
4. Father	/ Husband's Name:				
3. Name	of Applicant:				111000
2. Distric	ct Applied for:				Photo
1. Applie					

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".

<b>Consent:</b> I do hereby consent to do night shifts also as the Scheme is operational 24x7 in rotar	tional
shifts.	
Place:	

Data	(C'
Date:	(Signature of Applicant)

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

1. Application for the Post:	
2. District Applied for:	Photo
3. Name of Applicant:	111010
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 t	o do night shifts	also as the Scheme	e is operational	24x7 in rotation	ıal
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:							

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".

<b>Consent:</b>	I do hereby	consent to	do night s	shifts also	as the S	cheme i	s operationa	al 24x7	in rotat	ional
shifts.										

Place:	
Date:	(Signature of Applicant)

# **Application Form for SCPS & SARA (Panchkula)**

1. Appli	cation for the Po	st:							Г	
2. Distri	ct Applied for:									Photo
3. Name	of Applicant:									
4. Father	r/ Husband's Nai	me:								
5. Perma	anent Address:									
6. Mobil	e Number:									
7. Email	Id:									
8. Date of	of Birth (as per 1	Oth Mark	sheet):							
9. Age a	s on Date of Adv	ertiseme	nt:							
10. Geno	der:									
11. Cate	gory (SC/BC):									
12. Educ	cational Qualifica	ations:								
Sr. No.	Qualification Subjects (10 <sup>th</sup> onwards)	with	Name of School/ University Marks Obtained				Total Marks	Percent age		
13. Expe	erience:									
Sr. No.	Name of Organization	Name of Post	Period (From – To)		Ouration ( s and Day		ars,	Job Respo	nsibilities	Last Salary Drawn
				Year	Month	Da	ay			
Doclara	tion: "I hereby d	eclare the	at all the st	atement r	nade as ah	NOV.	ore	porrect s	and comple	te to the
best of n	ny knowledge and the appointing	d belief a	and if at any	y stage it	is found in	ncoi	rrect,	I shall b	e held resp	onsible
Place:										
Date:								(Signat	ture of App	olicant)

# **Application Form for District Child Protection Units**

1. Appli	cation for the Po	st:							Г	
2. Distri	ct Applied for:									Photo
3. Name	of Applicant:									
4. Father	r/ Husband's Nai	me:							L	
5. Perma	anent Address:									
6. Mobil	le Number:									
7. Email	Id:									
8. Date	of Birth (as per 1	0 <sup>th</sup> Mark	sheet):							
9. Age a	s on Date of Adv	ertiseme	nt:							
10. Gen	der:									
11. Cate	gory (SC/BC):									
12. Educ	cational Qualifica	ations:								
Sr. No.	Qualification Subjects (10 <sup>th</sup> onwards)	with	Name of School/ University			Marks Obtained		Total Marks	Percent age	
13. Expe	erience:					[				
Sr. No.	Name of Organization	Name of Post	Period (From – To)		Ouration ( s and Day		rs,	Job Respo	nsibilities	Last Salary Drawn
				Year	Month	Da	ay			
Declara	tion: "I hereby d	eclare the	at all the st	atement i	made as ah	OVE	are (	correct s	and comple	te to the
best of n	ny knowledge and the appointing	d belief a	nd if at an	y stage it	is found in	ncor	rect,	I shall b	oe held resp	onsible
Place:										
Date:								(Signa	ture of App	licant)