Photo

Application Form

Job Code: SAA Manager/Social Worker/Asst. Cum Data Entry Operator(ICPS)

Position Applied For: _____

[1] PERSONAL INFORMATION:

Name _____

Residential Address:_____

Phone Number: _____ Mobile Number: _____

Email id:_____

Sex**:** Female Male

Date of Birth: | | | | | | | | |

Age as on : 01-07-2022 : _____ years

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? _____ _____

[2] EDUCATION INFORMATION: Please give details of your education track record (from high school to PG)

Sl. No.	Qualifications (Degree/PG) with specialization	Name of the College/University	Degree	Period (from -to)	% of Marks scored

Highlight Trainings you have attended (list only the trainings that are related to women & child protection)

Topic of Training	Training organized by – venue	Duration of the training

[3] EMPLOYMENT HISTORY : [Give details of the last 3 postings]

Name of the Organisation	Position held / Designation	Nature of work	Period (from-to)	Address Phone: Email:	Job Responsibilities	Last Salary drawn	Reasons for Leaving

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

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_____

Application Form

Photo

Job Code: Nurse(ANM)/ Chowkidar (SAA)

Position Applied For: _____

[1] PERSONAL INFORMATION:

Name _____

Residential Address:_____

Phone Number: _____ Mobile Number: _____

Email id:_____

Sex**:** Female Male

Date of Birth: | | | | | | | | |

Age as on : 01-07-2022 : _____ years

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? _____ _____

[2] EDUCATION INFORMATION: Please give details of your education track record (from high school to PG)

Sl. No.	**Qualifications (Degree/PG) with specialization**	**Name of the College/University**	**Degree**	**Period (from -to)**	**% of Marks scored**

[3] EMPLOYMENT HISTORY : [Give details of the last 3 postings]

Name of the Organisation	Position held / Designation	Period (from-to)	Address Phone: Email:	Job Responsibilities	Last Salary drawn	Reasons for Leaving

Total no. of years employment experience_____

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______________________