

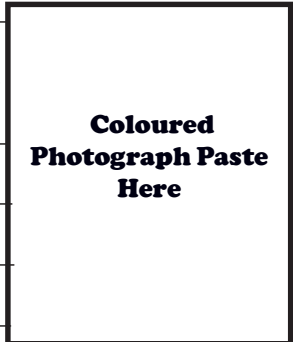
HARYANA STATE COUNCIL FOR CHILD WELFARE

Application Form

1. Post applied for _____
2. Name of the Candidate [in Block Letters] _____
3. Father's / Husband's Name _____
4. Date of Birth [in Christian Era] _____
5. Whether belongs to SC/ST/OBC/UR/PWD/Ex-S.Man _____
6. Nationality _____
7. Present Postal Address with pin code for Correspondence in Block Letters :

Pin Code _____ State _____
8. Permanent Address _____

9. Phone No. _____ Mobile No. _____
10. E-mail ID _____



11. Educational Qualifications [10th /Class onwards]

SI No.	Name of the Examination Passed	Year of Passing	Name of the Board Univesity	%age Marks	Division	Subject / Discipline

12. Details of Employment [Work Experience] if any

Name of the Office/ Institute/Organisation	Post Held	From	To	Pay Band with Grade Pay and Basic Pays	Nature of Duties

13. Details of IPO / DD : No _____ Dated _____ Value _____

14. Details of LTV [For Driver Post only]: License No _____ Valid upto _____

Place : _____

Date : _____