

DISTRICT CHILD PROTECTION OFFICE, SIVAGANGAI
DEPARTMENT OF CHILDREN WELFARE AND SPECIAL SERVICES

Application form for the Post of OUTREACH 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 *(Age limit 42 as on 19.05.2026)	:		
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)	:		

Sl. No	Name of the Organization	Designation	Years of experience		
			From	To	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

The list of self-attested document photo copies to be attached along with the filled application form:

1. Educational Qualification (SSLC/HSC/Graduate/Post Graduate)
2. Experience Certificate (if Applicable)
3. Age Proof
4. Proof of Residency
5. Objection Certificate
6. Any other Special records in Social Work field