

**Application Form**

Position Applied for: **Chairperson**

**[1] PERSONAL INFORMATION:**

Name \_\_\_\_\_

Residential Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email id: \_\_\_\_\_

Sex:   Female                      Male

Date of Birth:    

(Enclose the certified copy of age proof)

Disability, if any:

**[2] EDUCATION:** Please give details of your education track record (from 10th Class to Post Graduation and above)

Sl. No. (1)	Examination (2)	Degree (3)	Name of the School/ College/ University (4)	Period (from _____ to _____) (5)

**[3] Trainings attended**

Name/subject of Training	Training organized by	Duration of Training

**[4]Employment /Experience:**

Position held / Designation (1)	Name of the Organisation /Dept.,/ Agency worked with. (2)	Name of the Project/ Program Indicating area of work (3)	Duration (4)

**[5] Computer Skills:**

\_\_\_\_\_

**[6] Awards/Citations received:** \_\_\_\_\_

(Enclose Copy of documents)

**[7] Eligibility for Appointment as Chairperson.**

- (1) Has at least ten years experience in the areas stated in sub-section (2) of section 17 of the Act **(Yes or No);**

*If yes give write up of 500 words on achievements in the areas of child protection, education, child health, care, welfare or child development, Juvenile Justice or care of neglected or marginalized children or children with disabilities, elimination of child labour or children in distress, child psychology or sociology and laws relating to children.*

- (2) Is there any past record of violation of human rights or child rights. **(Yes or No);**
- (3) Whether convicted and sentenced for imprisonment of an offence. **(Yes or No);**

If Yes, give details

- (4) Whether removed or dismissed from service of the Central Government or State Government or a body or corporation owned or controlled by the Central Government or a State Government. **(Yes or NO);**
- (5)** Whether held office with Commission as a Member or a Chairperson for two terms **(Yes or No)**

**[8] References: (Please give of two reference in sealed cover)**

**(1)** Name/Title Address & Phone no: \_\_\_\_\_

\_\_\_\_\_

Relationship with referee: \_\_\_\_\_

**(2)** Name/Title Address & Phone no: \_\_\_\_\_

\_\_\_\_\_

Relationship with referee: \_\_\_\_\_

**[9] Undertaking:**

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 appointing me or for immediate termination of Chairmanship/Membership at any point in the future, if I am appointed. I authorize the verification of any or all information listed above (including the enclosed documents).

Signature \_\_\_\_\_

Date \_\_\_\_\_