Affix Recent Passport size Photograph

APPLICATION FORM FOR THE POST OF :

1	Name of the Candidate (in Capital Letters)	
2	Gender	
3	(a)Date of Birth (Proof to be attached)	
	(b)Age as on 31.05.2025	
4	Marital Status	
5	Name of the Parent/Guardian/Husband	
6	Nationality	
7	Education Qualification with passing month, year, class, starting from most recent in a separate sheet (Certificate copy to be attached)	
8	Experience if any with number of years, starting from most recent, in a separate sheet. (Certificate copy to be attached) (i)Government (ii)Private	
9	Address for communication	

10	Contact Numbers (Mobile / landline)	
11	E-Mail Address	
12	Other Certification/Workshops/Trainings undertaken	

It is certified that:

a. The Information furnished in the application form and enclosed documents is correct.

Signature of the Candidate

Place:

Date:

Note: Filled in applications with relevant enclosures/documents duly self-attested to be sent to below address so as to reach on or before **20th of July ,2025 by 5.00 P.M.** Applications received after the above date will summarily rejected. Original certificates should not be sent along with the application. The filled applications will be submitted to the below address.

Office Address:

District Social Welfare Officer,
District Collectorate Campus,
Old building,Ground floor,
Coimbatore 641018.
Contact No. 0422-2305156