

APPLICATION FORM FOR THE POST OF CENTRE ADMINISTRATOR

Affix Recent
Passport size
Photograph

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|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 | Name of the Candidate (in Capital Letters) | |
| 2 | Gender | |
| 3 | (a)Date of Birth (Proof to be attached) | |
| | (b)Age as on 31.01.2019 | |
| 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 be below address so as to reach on or before 21 of December,2020 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