

**Administration of
Dadra & Nagar Haveli
Department of Women Child Development
State Child Protection Society
Silvassa**

No. 10/13/2013/JJB/SWD/DNH/

Date: /07/2018

ADVERTISEMENT FOR CHILD WELFARE COMMITTEE (CWC)

The State Child Protection Society DNH invites the application for the Child Welfare Committee, DNH.

The Committee shall consist of a Chairperson and four other Members of whom at least one shall be a Woman and another expert concerning children. The members shall be above the age of thirty five years.

The Candidates applying for CWC will have to send their application within fifteen days of publishing of the advertisement to State Child Protection Society, lekhaBhawan, third floor, No. 312, Silvassa, with a Copy of bio data and Certificates of their Educational Qualification and Experience along with Photo Copy of the Candidates Self attested. The last date for receiving of application will be 13.08.2018 at 17.00 hours.

The application format and other details of Child Welfare Committee (CWC) are available on the official website www.dnh.nic.in/jobs-dadra-nagar-haveli.aspx.

No TA/DA Shall be paid for attending the Interview.

Deputy Secretary (WCD/SW)
Dadra & Nagar Haveli
Silvassa.

**ADMINISTRATION OF
DADRA & NAGAR HAVELI (U.T)
STATE CHILD PROTECTION SOCIETY**
Application for Child Welfare Committee Members

1. Applicant's Name (in Block Letter) :- _____
2. Father's Name (in Block Letter) :- _____
3. Residential Address and Contact No./mobile No. : _____

4. Date of Birth (DD/MM/YYYY) :- _____
5. Gender :- _____
6. Email id :- _____
7. Education Qualification :- _____

Sr.No.	Board/ University	Year of Passing	Percentage

8. Information / documents regarding Educational and other qualifications:-

9. Experience, if any

Name of the Organization	Designation	Nature of Duty	Period of Service	
			From	To

Declaration:

I, declare that I fulfil all the conditions of eligibility regarding age limit and Education Qualification, Experience etc., for the post of Chairperson/Members (CWC).

I declare that all statements made in this application form are true, complete and correct to the best of my Knowledge and belief. I understand that in the event of any information being found suppressed/ false or incorrect or negligibility being detected before or after the examinations, my candidature / appointment is liable to be cancelled.

Dated :

(Signature of candidate)

Note :- Unsigned application will be rejected

- Attach self-attested copy of Birth / Education / Experience certificate
- Prospective candidates may apply for the both the Position, if eligible.