Department of Children Welfare and Special Services
District Child Protection Unit, Dindigul

Application form for the post of Empanelment as Support Person

1.	**Name of the Applicant (IN CAPITAL LETTERS)**		**Recent Passport size photograph of the applicant to be affixed**
2.	**Date of Birth**		
3.	**Age as on 01.11.2026**		
4.	**Native District**		
5.	**Marital Status**		
6.	**Address for Communication with pincode (IN CAPITAL LETTERS)**		
7.	**Mobile Number / E-mail**		
8.	**Educational Qualification with copy of supportive documents** (10+2+3+2)		
9.	**Organizational affiliation and designation (if any)**		
10.	**List of Languages you can Speak : Read : Write :**		
11.	**Do you have any experience in working with children and young people (below 18 years of age)? If yes, name them with duration (including voluntary work).**		

12.	**Please list out any child/youth-related training/courses attended by you in any capacity**	
13.	**Please provide 2 references**	
14.	**Have you been charged with any criminal offences in the past? What was the outcome?**	
15.	**Community**	**OC/BC/MBC/SC/ST**
16.	**Declaration** **I, ---------- son/daughter/wife of [Parent/Spouse's Name], residing at ----------[Full address], hereby declare that:** 1. I have no criminal record and have never been convicted, arrested or charged for any offense under the IPC, POCSO Act, Juvenile Justice Act, or any other law related to crimes against children or any other criminal offense. 2. I affirm that all information provided in this application is true, accurate, and complete to the best of my knowledge and belief. 3. I understand that if any false, misleading or misrepresented information is found in my application or during the course of my engagement, my candidature shall be cancelled, my empanelment terminated and I shall be liable for legal action under applicable laws. 4. I also consent to a police verification / background check as required for my selection as a Support Person. **I make this declaration with full understanding and in good faith.** **Date :** **Place :** **Signature of the Applicant :** **Full Name :**	