

DISTRICT SOCIAL WELFARE OFFICE
KALLAKURICHI DISTRICT
ONE STOP CENTRE - APPLICATION FORM

Passport size

Photo

1.	NAME OF THE POST	GUARD CUM DRIVER
2.	NAME OF THE APPLICANT	
3.	FATHER'S/HUSBAND NAME	
4.	DOB/AGE	
5.	RELIGION/CASTE	
6.	ADDRESS	
7.	MOBILE NO	
8.	QUALIFICATION	
9.	EXPERIENCE	
10.	WIDOW/DESITUTE WIDOW/PHYSICALLY CHALLANGED	
11.	ATTACHMENT	1. Education Certificate Xerox 2. Community Certificate Xerox 3. Experience Certificate Xerox 4. ID Proof (Any 2) Xerox

Applicant's Signature