

APPLICATION FORM FOR THE POST OF COORDINATOR (OUTSOURCED)

Under 24x7 CM Youth Helpline Desk - APEASYDS

1. Personal Details

Name of the Applicant	
Father's / Spouse's Name	
Category (SC/ST/OBC/Ex-Servicemen/Differently Abled)	
Present Address	
Landline / Mobile No.	
Email ID	
Permanent Address	
Date of Birth & Age (as on 01.03.2025)	
Gender	
Marital Status	
Aadhar Number	

2. Educational / Technical / Professional Qualification

Qualification	Duration & Year	Marks (%)	Institution/University
10th			
12th			
Graduation			
Other			

3. Work Experience (if any)

Organisation	Post & Pay	Period	Job Description

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4. Languages Known

Language	Speak	Write

5. Documents to be Attached (Self-attested)

1. Proof of all Educational Qualifications
2. Proof of all Work Experience (if applicable)
3. Proof of Date of Birth
4. Proof of Category (SC/ST/OBC etc.)
5. Any other (please specify): _____

6. Declaration

I hereby declare that the information provided above is true to the best of my knowledge and belief. I understand that my candidature may be cancelled if any information is found to be false, incorrect, or incomplete.

Date:

Place:

Signature of the Applicant: _____

Name: _____