



APPLICATION FOR LEGAL AID DEFENCE COUNSEL SYSTEM
DISTRICT LEGAL SERVICES AUTHORITY, CUDDALORE

NAME OF THE POST APPLIED:

(Use separate application for each post)

1	Name in Block Letters With initial at the end									PHOTO
2	Address for Communication									
3	Gender	MALE / FEMALE / TRANSGENDER								
4	Date of Birth	D	D	M	M	Y	Y	Y	Y	Age (as on 01.07.2022)
										Years
5	Marital Status									
6	Father/Husband Name									
7	Nationality									
8	Community	OC	BC	MBC	SC	ST				
9	Physically challenged	YES / NO. If yes, state the nature.								
10	Permanent Address									
11	Phone & Mobile Number									
12	E-mail address (valid &functional)									
13	Aadhaar Number									

14	Educational Qualifications (Please list in chronological order from SSLC onwards)							
	Certificates/ Degree	Specialization/ Branch	School/ College	Board/ University		Date of passing	Perce ntage / Grade	Class obtained
15	Additional Information							
	i							
	ii							
	iii							
	iv							
16	Experience (starting from the latest work experience)							
	Sl. No	Name of the Organization	Designation	Period		Nature of Work	Experience	
				From	To		Years	Months
					Total			

DECLARATION

I declare that the information furnished above is true and correct to the best of my knowledge and belief and that no related information is concealed. If any discrepancy is found at any stage, the District Legal Services Authority, Cuddalore shall cancel my application/selection. **I am aware that this application only for the post on contract basis.**

Signature of the Applicant