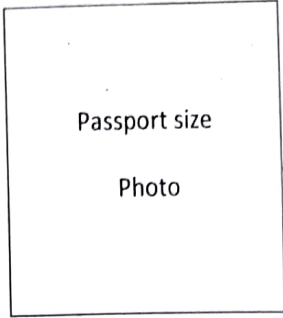


**DISTRICT SOCIAL WELFARE OFFICE**  
**KALLAKURICHI DISTRICT**  
**ONE STOP CENTRE - APPLICATION FORM**



1.	NAME OF THE POST	CASE WORKER
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**