



UT Administration of Dadra & Nagar Haveli and Daman & Diu
O/o the Child Protection Society of Dadra & Nagar Haveli and Daman & Diu
Mission Vaatsalya, Social Welfare,
4th Floor, Secretariat, Vidhyut Bhawan, Kachigam, Nani Daman
Email: icpsswd@gmail.com Ph: 0260-2230085/7046790804



No. SW/CPS/DMN/2022-23/264

Date: 29/07/2022

ADVERTISEMENT

Application are invited for the appointment of Chairperson/ Members of the Child Welfare Committee for Dadra & Nagar Haveli, Daman & Diu Districts Under Juvenile Justice (Care and Protection of Children), Act, 2015 on honorary basis as under:


| Sr. No. | Name of the Post | No. of Post | Qualification or Specialized knowledge Experience Required | Terms & Condition |
|---------|------------------------|--|--|--|
| 1. | Chairperson/ Member | 01- Chairperson (Dadra & Nagar Haveli) 06- Members * (04- Dadra & Nagar Haveli, 01- Daman, 01- Diu) | The Chairperson and the Members shall be above the age of 35 years and shall have an minimum of 7 years of experience of working with children in the field of Health, Education or Welfare activities, or should be practicing professional with a degree in child psychology or psychiatry or sociology or human development or the field or law including a retired judicial officer. | Chairperson/ Members will be paid 2000/- per sitting as prescribe by the Mission Vaatsalya guidelines. |

Note: Tenure of the Chairperson/Members of the Child Welfare Committees shall be for a maximum period of 3 years from the date of appointment.

Interested person may apply by giving full details their Educational and other qualifications, Experience, Date of Birth, Address with contact details etc. along with the self attested copies of each certificate so as to reach the office of the Child Protection Services, **4th Floor, Secretariat, Vidhyut Bhawan, Kachigam, Nani Daman- 396210**, within a periods of (15) days from the date of publication of this Advertisement. The applications received with the requisite document as stated above shall only be taken into consideration only if received within the stipulated time. No correspondence will be entertained as regards to incomplete/ time barred applications. Eligible persons shall be called for the interview.

The Application format and other important details of the Child Welfare Committee are available on the official website of www.daman.nic.in/ www.diu.gov.in/ www.dnh.gov.in/ / www.ddd.gov.in. No TA/DA shall be paid for attending the interview.

* Note -: out of 01 chairperson & 04 members for DNH one member should be Women.


(Jatin Goyal) DANICS,
Director (SW/WCD)
DNH & DD

APPLICATION FOR THE POST OF _____
(Application should be filled up by computerized only)

Paste Recent
Self Attested
Passport Size
Photograph

1. Name of the Applicant's : _____
2. Father's Name : _____
3. Present Postal Address : _____
4. E- mail :- : _____
5. Mobile No. : _____
6. Nationality : _____
7. Date of Birth (DD/MM/YYYY) : ____ / ____ / ____ Age as on 01/08/2022 ____
8. Educational Qualification (From SSC Onwards) :-

| Sr. No. | Qualification | Board / University | Year of Passing | Percentage |
|---------|---------------|--------------------|-----------------|------------|
| | | | | |
| | | | | |

9. List of previous Employments:-

| Name of Organization/ Department | Designation | Period of Service | | Work Profile |
|-------------------------------------|-------------|-------------------|----|--------------|
| | | From | To | |
| | | | | |
| | | | | |

10. Why you are joining the selected Filed

11. Any other relevant Information:-

Declaration:-

I, declare that I fulfill all the condition of eligibility regarding age limit and Education Qualification, Experience etc., for the post of _____

I declare that all statements made in this application form are true, complete and correct to the best of my knowledge and belief, I understand that in the event of any information being found suppressed/false or incorrect or ineligibility being detected before or after the examination, my candidature/appointment is liable to be cancelled.

Dated: -
Place:-

(Signature of Candidate)