

APPLICATION FOR THE POST OF “MARRIAGE COUNSELLOR”

Candidate
Latest
Photograph

Name of Candidate : (Surname) (First Name) (Middle Name)

Residential Address : _____

District of Postal Address : _____

Mobile Phone Number : _____

Email Id : _____

Residential Phone Number : (prefix STD code)
(if any)

Gender : Male / Female / Other

Are you PwD i.e. Persons : (Yes/No)
with Disabilities?

If Yes,

Type of Disability	Percentage of Disability	Certificate issued by

Date of Birth : (DD/MM/YYYY)

Age as on the date of : (Year/Month/Days)
Advertisement

Caste and Category : _____

Nationality : _____

Marital Status : (Married/Unmarried)

Do you Read, Write and : (Yes/No)
Speak Marathi Language?

Details of Educational :
Qualification

Course/Degree	Stream	Board/ University	Year of Passing	Marks Obtained	Out of	Class	No. of attempts
S.S.C.							
H.S.C.							
Graduate							
Post Graduate							
M.S.W. (Master's Degree in Social Work)							
Law Graduate							

Do you have at least 2 : (Yes/No)
years of work experience
in Family Counselling
gained after acquiring a
Master's Degree in Social
Work?

If yes, mention details of :
work experience and
attach experience
certificate/s.

Name of Institution/ Establishment	Post/ Designation	Date of Experience Certificate issued	From Date (dd/mm/ yyyy)	To Date (dd/mm/ yyyy)

Do you have computer : (Yes/No)
certificate as mentioned in
the advertisement

If Yes, :

Name of Course	Certificate issued by	Duration	Grade/ Percentage	Date of Certificate

Are you a State / Central : (Yes/No)
Government employee?

If Yes. : (Yes/No)

Is the applicant submitting
application through proper
channel?

Name and address of two :
respectable persons who
have known the candidate

(1) Name : _____ Occupation : _____ Address : _____ _____	(2) Name : _____ Occupation : _____ Address : _____ _____
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DECLARATION-A

I the applicant do hereby affirm that all the details filled up in the application are true and correct as per my knowledge. If any information is found to be false/incorrect, I will be liable to be disqualified from the process of selection and if selected/appointed, my services would be liable to be terminated without any notice. I further declare that there is no any criminal prosecution pending against me or I am not convicted by a Criminal Court or held guilty or facing disciplinary enquiry.

Date :

Place :

(Signature with full name)

DECLARATION – B

FORM-A

I, Shri/Smt./Kum. _____
son/daughter/wife of Shri _____ aged _____ years, resident
of _____ do hereby declare as follows :-

1. That I have filled my application for the post of Marriage Counsellor.
2. I have ____ (number) living children as on today. Out of which no. of children born after 28th March, 2005 is _____. (Mention dates of birth, if any)
3. I am aware that if any total number of living children are more than two due to the children born after 28th March, 2006, I am liable to be disqualified for the same post.

Place :

Date :

(Signature)