

# Application Form for Selection of Chairperson/Members to Andhra Pradesh State Commission for Protection of Child Rights

## 1. PERSONAL INFORMATION:

Full Name of the Applicant (*in Block Letters*) :

*Affix a latest  
Passport size  
photo of the  
applicant duly  
signed by  
him/her*

Residential Address:

Aadhaar Number :

Phone Number: \_\_\_\_\_

Mobile Number:

Email id:

Gender :

Female

Male

Transgender

Date of Birth:

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(*As per SSC Marks list*)

Disability, if any: Yes/No

2. Do you have any past record of violation  
of human rights or child rights?

:

Yes/No

*If yes, Please explain :*

3. Have you ever been convicted and sentenced for imprisonment of an offence which in the opinion of the State Government involves moral turpitude and such conviction has not been reversed or he has not been granted full pardon in respect of such offence ?

*If yes, Please explain*

:

4. Have you served as a Chairperson & Member  
of the State Child Rights Commission

:

Yes/No

*If yes, please explain  
(the position held and the period for  
which you held that position)*

:

5. Have you been removed or dismissed from service of the Central Government or State Government or a body or corporation owned or controlled by the Central Government or State Government? : Yes/No

**6. Position applied for :** *(Please specify Yes/No; and if the applicant is applying for both Chairperson and Members, the applicant is requested to give his/her order of preference for selection to the positions in the below table):*

Position	Yes/No	Specify your preference (e.g., 1 <sup>st</sup> / 2 <sup>nd</sup> )
Chairperson		
Member		

**7. EDUCATION:** *Please give details of your education track record (from 10th Class to Post Graduation and above)*

Sl. No. (1)	Education qualification (2)	Specialization (3)	Name of the School/ College/University (4)	Period (from _____ to _____) (5)

**8. TRAINING ATTENDED**

Name /Subject of Training	Training organized by	Duration of Training

## **9. EMPLOYMENT / EXPERINENCE:**

<b>Position held / Designation (1)</b>	<b>Name of the Organization/ Dept., / Agency worked with (2)</b>	<b>Name of the Project / Program indicating area of work (3)</b>	<b>Duration (4)</b>

## **10. Period of Experience:**

Whether the applicant has any experience  
in working with the Govt.in implementation :  
of child related programs.

*i) If yes, provide the details along with  
supporting documents*

ii) Period of experience  
Specify the present occupation/employment :  
(Whether it is full –time or part – time ;  
Central or State Govt. or private sector or  
own Practice or any other may specify).

**11.** Whether the applicant of his family members : Yes/No  
or his close Relations is/working in any Non  
Govt Organization or Working in a State for  
rescue and rehabilitation or any Organization  
performing such functions which may cause  
Conflict of interest in discharge of duties as  
Chairperson/Member of the APSCPCR.

**12.** Whether the applicant is presently holding : Yes/No  
any office Political party.

*i) If yes, specify the details of affiliation :*  
*ii) Whether the applicant is willing to resign : Yes/No*  
*to the position which is currently held by*  
*him/her in the political party,*  
*if he/she is selected for Chairperson/Member :*

**13. Computer Skills:**

**14. Awards/Citations received:** \_\_\_\_\_  
(Enclose Copy of documents)

**15. Types of children cases rescued:**

- 1) Is there any past record of violation of human rights or child rights? Yes/**No**
- 2) Whether convicted and sentenced for imprisonment of an offence Yes/**No**
- 3) Whether removed or dismissed from service Central Government or State Government or a body or corporation owned or controlled by the Central Government or a State Government Yes/**No**
- 4) Whether held office with Commission as a Member or a Chairperson for two terms Yes/**No**

**16.** The applicant shall enclose the following self –attested documents :

- a. Copy of Aadhaar Card and latest Gas Bill
- b. Copy of DOB Certificate (SSC Certificate)
- c. Copies of the Educational Qualifications Certificates
- d. Experience details
- e. No – objection Certificate from the Employer or the Agency for which he/she is working
- f. NOC from Bar Association/Council/DLSA/SLSA, in case of practicing advocate.
- g. Such other supporting documents relevant and required for consideration by the Selection Committee.

**17. References: (Please give details of two references)**

**(1)**Name/Title Address & Phone no:

Relationship with referee:

**(2)** Name/Title Address & Phone no:

Relationship with referee: Official

18. Any other information the applicant may wish to furnish:

**Under Taking**

I, Sri/Smt .....,S/o or D/o W/o .....  
Declare that the information furnished in this application by me is true to the best of my knowledge and I have not suppressed any relevant information/incident which contravenes the conditions set out for selection to the position.

Further, I declare that I do not have any past record of violation of human rights or child rights. I have not been convicted of an offence involving moral turpitude, and such conviction has not been reversed or has not been granted full pardon in respect of such offence.

I will abide by the decision of the Government regarding the selection to the position(s) for which I have applied. Further, I will abide by the conditions of Selection/Termination etc., as laid down in the Act 7 rules and such other decisions as taken by the Central or State Government.

Further, I declare that I have never been removed or dismissed from service of the Central or State Government of an undertaking or corporation owned or controlled by the Central or State Government;

I have never indulged in child abuse or employment of Child labour or immoral act or any other violation of human rights or immoral act or never associated or come to any adverse notice for any violation of the conditions specified for selection in the notification.

In the event of any information given by me is found to be false/incorrect/ misrepresented, at any point of time, my appointment shall be cancelled/ terminated without assigning any reasons thereof.

Signature\_\_\_\_\_

Name : \_\_\_\_\_

Date : \_\_\_\_\_

