

## GOVERNMENT OF ANDHRA PRADESH

Office of the Director Women Development and Child Welfare Department, Guntur  
Jampani Towers, Lodge centre, Amaravathi Road, GUNTUR, Id: [apwdcw@gmail.com](mailto:apwdcw@gmail.com)

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### **Application Form**

Part A (Personal Information)	
First Name	
Middle Name	
Maiden Name	
Present Address	
Mailing Address	
Telephone Number	
E-mail	
Date of Birth (DD/MM/YYYY)	
Citizen Ship	
Sex	Male/ Female
Part B Criteria based Information	
Are you fluent in Telugu?	Yes/No
Are you fluent in English?	Yes/No
List down any other language apart from your mother tongue	1. .... 2. .... 3. ....
List down your academic qualifications (Start from the last degree)	1. .... 2. .... 3. .... 4. .... 5. ....
List down your relevant professional qualification (Start from the most recent)	1. .... 2. ....

one)	3. .... 4. ....
What knowledge and experience do you have in relation to the requirement of this post?	
What relevant competencies you possess required for this post?	
What are the some of your professional attributes which you consider will help you to perform effectively in this position?	
Considering the requirements for the position, explain three results (outputs) from your current or past positions that are relevant to this role.	
This position requires ability to demonstrate good management and leadership skills. List at least two to three examples to show how you have met this criterion?	
Give at least three situations where you have demonstrated your personal	

attributes in addressing challenges in your work.	
Reference 1	
Reference 2	
Reference 3	

I have carefully gone through the recruitment notice and I am well aware that the information furnished in the application form duly supported by the documents in respect of Essential qualification and work experience submitted by me will also be assessed by the selection committee of the department at the time of selection for the post. The information and details provided by me are correct and true to the best of my knowledge and no material fact having a bearing on my selection has been suppressed /withheld.

**Signature of the Candidate**

**Date:**