Union Territory Child Protection Society (UTCPS)

under the aegis of Department of Social Welfare, Chandigarh Administration
Phone 91-172-2548000 Email Id: utcpschandigarh@gmail.com

Applications are invited for filling up of following posts purely on Contractual basis initially for a period of one year in the office of Child Helpline-1098 under Mission Vatsalya, U.T. Chandigarh:

Sr.	Name of the	No. of	Qualification &	Experience	Age	Salary
No.	Post	Post	Eligibility Criteria			Structure
1.	IT	01	Graduate with at	Minimum of 3 years'	18-	Rs. 30,189
	Supervisor		least diploma in	experience in data	37	/- PM
			computers/IT etc	management, process	years	(Fixed)
				documentation and		
				web-based reporting		
				formats, video		
				conferencing at state		
				or district level with		
				government or Non -		
				Governmental / IT		
				based organizations.		

Note 1: Complete application in all respects and self-attested documents by the candidate should be sent to the O/o Member Secretary, UTCPS, Sector 19-B (Opposite House No. -1042), Chandigarh before & on 01.11.2024 by 3.00pm.

Note 2: Documents to be attached with the application letter include: i) One copy of latest passport size photograph which should be pasted on the application letter; ii) Self-Attested photocopy of testimonials of essential qualification and experience along with resume;

Note 3: An application letter will be summarily rejected if: i) A candidate makes more than one application for a particular category/post; ii) Applicant does not mention the name of the post applied for; iii) The application is unsigned/incomplete; iv) The application is received in the office after closing of date and time.

Note 4: Date and time of interview will be intimated to the eligible candidates.

The Competent Authority reserves the right to cancel the selection process at any time and at any stage without assigning any reason thereof.

-Sd-Member Secretary UTCPS, Chandigarh Administration

APPLICATION FORM

Post applied fo	or:					cent passpo hotograph	
Full Name	:						
Father's Name	e/ Husband'	s Name:					
Permanent Ad	ldress:						
Corresponden	ce Address:						
Mobile No. : _			Email ID:				
Date of Birth:			Present Age as on o	late of adve	rtisemer	nt:	yrs.
Educational Q				Τ _	_ 1		_1
Qualification	Subjects		Name of School/University	Marks obtained	Total Marks	%	Year of passing
	Principal	Subsidiary					
10 th							
12 th							
Diploma							
Graduation							

Post-				
Graduation				
Any Other				
Ally Other				
Any other				

Experience (If any):

Date:

Name of organization	Designation	Nature of Duties	Period		Duration	
			From	To		

Declaration: "I hereby declare that all the statements made in the 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 untrue/false/incorrect or I do not satisfy the eligibility criteria, my candidature/appointment will be cancelled/terminated without assigning any reason thereof. I have read the contents of the advertisement and agree to abide by the rules, regulations and procedures for appointment to the post applied for."

Place:	(Signature of the applicant)