



HELP

Application for the Post of Social Worker /.....  
**HIT - HEALTH, EDUCATION & LIFE PLAN**  
 Central Office, P.O.Box-76, HELP INDIA TRUST, Near CIMFR Gate No.1, Barwa Road, Dhanbad-826 001, India  
 Ph: 091-326 2296101, Web: www.hithq.org, E-mail: [helpindiahq@gmail.com](mailto:helpindiahq@gmail.com)



HIT

<b>Form No.</b>	<b>Sl. No.</b>	<b>IO's ID</b>
<b>1</b>		

FOR OFFICE USE ONLY										DIARY No.		Affix a Recent Passport Size Photograph duly Attested by a Gazetted Officer or by any Officer of the Trust
SW's ID												
EO's ID												
Date of Appointment									Verified By	Signature of the		
EO's Signature												

1. Name of the applicant:

First Name 



  
 (Rev/Dr/Mr/Mrs/Ms)  
 Second Name  
 Last Name

2. Sex (M-Male/F-Female/O-Others):  3. Highest qualification:  4. Blood Group:

5. Marital Status  UNMARRIED  MARRIED  DIVORCED  WIDOW  NOT LIVING TOGETHER

6. Father's / Husband's name

7. Address for communication Please do not write your name here):

Avenue/Flat/Plot/House No																				
Village/Town																				
Post Office																				
District																				
State																				Pin Code

Please provide the following information, if available:

Telephone																				Cell Phone
E-mail																				

8. Date of birth (Please enclose document for the proof of date of birth):

<i>Day</i>		<i>Month</i>		<i>Year</i>			

9. Are you the Donor or Patron of the Trust?

YES	NO
DONOR	PATRON

If yes, (i) please select your category

(ii) Mode of enrolment

SELF HELP GROUP MODE	FAMILY MODE	INDIVIDUAL MODE
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(iii) Period of your enrollment as a donor/patron:

PART OF LIFE	WHOLE LIFE
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(IV) Give your Plan Number

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10. Are you the employee of any organization?

YES	NO
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If yes, (i) Your designation: .....

(ii) Name & Address of your organization : .....

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### 11. Declaration from the applicant

I, ..... hereby certify that the above information furnished by me are true and correct to the best of my knowledge and belief. I will be abiding with all rules and regulations of the Trust in case of my selection. I also agree my selection may be cancelled at any time as per the rules if the above information were found to be false in future. I am aware of all rules and regulations of HELP pertaining to joining as a Social Worker for which I shall not be paid any salary. The detail of donation for Social Worker under Normal Selection Program (NSP)/Fast Track Selection Program (FTSP) is presented as follows:

(a) Donation towards the processing of application (Rs. 500/- under NSP or Rs.1000/- under FTSP)\*: Rs. 

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(b) Bank, where the donation was deposited: 

Bank	Branch	Place

(c) Date of remittance: 

Day	Month	Year

(d) Have you enclosed the original payment receipt issued by bank? (Please tick the appropriate answer): 

YES	NO
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Note: Demand Draft must be drawn in favour of **"HELP INDIA TRUST"** payable at any Nationalized Bank, Dhanbad, Jharkhand

Date: ..... Signature Of Applicant

**For Office Use Only**

#### 1." Scrutinizing Committee:

	Selection Criteria			Remarks on Selection	Details of Test/Interview if any		
	Has the application been duly filled in all aspects?	Does the applicant fulfill the minimum qualification required for?	Has the applicant paid the donation for processing the application form?		Roll No.	Place	Date
Scrutinizer's Comments							
Scrutinizer's Signature							

#### 2." Selection Committee:

	Selection Criteria			Average Marks	Final Result
	Education	Written Test	Personal Interview		
Marks Awarded					
Examiner's Signature					

#### 3." Recruitment Cell:

	Dispatch of Appointment Letter	Joining	Remarks on Leaving / Suspension / Termination
Date			
Officer's Signature			

**Note:** The duly filled Application Form must be sent to **"The National Director, HELP Central Office, P.O. Box-76, Bethel House, J.C. Mullick Road, Dhanbad-826 001, JHARKHAND"** through Registered Post/ Speed Post/DTDC/ Courier Services