

# 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)

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**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 28<sup>th</sup> 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 28<sup>th</sup> March, 2006, I am liable to be disqualified for the same post.

**Place :**

**Date :**

(Signature)