

APPLICATION FOR LEGAL AID DEFENCE COUNSEL SYSTEM DISTRICT LEGAL SERVICES AUTHORITY, CUDDALORE

NAME OF THE POST APPLIED:

(Use separate application for each post)

1	Name in Block Letters With initial at the end										
2	Address for Communication									РНОТО	
3	Gender	MALE / FEMALE / TRANSGENDER									
4	Date of Birth	D	D	M	M	Y	Y	Y	Y	Age (as on 01.09.2025)	
										Years	Months
5	Marital Status					•					
6	Father/Husband Name										
7	Nationality							ı			
8	Community	OC		ВС		MBC		SC		ST	
9	Physically challenged	YES	/ NO.	If ye	es, state	the na	ature.				
10	Permanent Address										
11	Phone & Mobile Number										
12	E-mail address (valid &functional)										
13	Aadhaar Number										

14	Educational Qualifications (Please list in chronological order from SSLC onwards)											
		ificates/	Specialization	/ School/	В	oard/ Un	iversity	Date of	Perce	Class		
	Deg	ree	Branch	College	:			passing		obtained		
									/ Grade			
									Grade			
1.5	A 11'	. 11.0										
15	i	ional Info	ormation									
	ii											
	iii											
	iv											
16	Expe	rience (sta	rting from the	latest work ex	xperienc	ce)						
	Sl.			Designation	Period		Nature o		Expe	rience		
	No Organ		nization		From To		Work	Y	ears	Months		
	+											
	-											
	Total											

DECLARATION

I declare that the information furnished above is true and correct to the best of my knowledge and belief and that no related information is concealed. If any discrepancy is found at any stage, the District Legal Services Authority, Cuddalore shall cancel my application/selection. I am aware that this application only for the post on contract basis.