**GENDER CHAMPION SCHEME APPLICATION FORM**

School/College/University Name

School/College/University logo

**APPLICATION FORM FOR ENGAGEMENT AS GENDER CHAMPION**

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| Affix Passport  Photograph duly signed |

1. Name (in Block letters) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Sex (**Male/Female/Transgender**):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Date of Birth (DD/MM/YY) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Attach valid proof of Date of Birth)*

1. Parent/Guardian’s Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| 5. Residential Address |  | :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6. Mobile Number |  | :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7. Email Address |  | :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Community (SC/ST/General) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Educational Qualifications:(Please add additional diploma/any other additional qualifications, if any)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Degree/ Class | Stream/  Discipline | Aggregate Marks  (in % only) or Grade of the last exam passed | Name  Board/  University | of | Year  Passing | of |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Computer Skills :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Languages Known :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. References :

*(Please attach letters from 3 referees)*

1. Why do you want to become a Gender Champion (not more than 250 words)?

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Declaration

I hereby declare that the statements made in the application are true and complete to the best of my knowledge and belief. I understand that the action can be taken against me in the event of any of the said information furnished by me being found false or incorrect.

Signature of Applicant : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place \_\_\_\_\_\_\_\_\_\_\_\_\_