COMMUNITY WELFARE TEAM APPLICATION FORM

Personal Profile Form

Purpose:

This application is for interested individuals who wish to serve as members of the **Community Welfare Team (CWT)** in **FDMN Camp- 8W, Main Block: A**.

Personal Information

Full Name:		**Gender:**	☐ Male ☐ Female
Father's Name:		**Date of Birth/ Age:**	
Mother's Name:		**Block:**	
Camp: Camp- 8W		**Sub-Block:**	
FCN No:		**Education:**	

Category of Application

Community Representative :	☐	**Respected Person (Community Elder) :**	☐
Religious Leader (Imam/Hafiz/Religious Teacher) :	☐	**Woman Representative :**	☐
Educated Person :	☐		

I declare that the information provided in this application is true and complete to the best of my knowledge. I understand that submitting this application does not guarantee selection. If selected, I agree to serve the community honestly, respectfully, fairly, and without discrimination.

Applicant's Signature/Thumbprint: _____

Date: ____ / ____ / _____

Phone Number (if available): _____

Attachment (Photocopy):

1. FCN Card