

Government of West Bengal  
Office of the District Magistrate  
(District Child Protection Unit)

Collectorate Building, Ground Floor, Jalpaiguri  
Ph.03561-222116, Email.dcpsjalpaiguri@gmail.com

Memo No: 849/DCPU/JPG

Date: 03.08.2016

**Expression of interest**

Applications are invited from the organizations who are interested to run **After Care Programme** within the framework of Integrated Child Protection Scheme .The objective of this programme is to rehabilitate the young adult inmates staying in various Child Care Institutions in Jalpaiguri established under Juvenile Justice Act. For details please contact Office of the District Child Protection Unit, Office of the District Magistrate, Collectorate Building, Ground Floor, Jalpaiguri . Phone No: 03561-222116, Email: [dcpsjalpaiguri@gmail.com](mailto:dcpsjalpaiguri@gmail.com) or visit the website [Jalpaiguri.gov.in](http://Jalpaiguri.gov.in)

**Criteria for applicant organization for running After Care Programme**

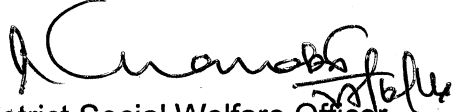
1. Organization should be registered under Juvenile Justice Act;
2. Five years Experience in management of a Home;
3. Minimum three years of experience in assisting children with vocational training;
4. Minimum three years of experience in placement of children in jobs, apprenticeship etc;
5. A well established counseling programme

**Last date for submission of application: 4 p.m., 10<sup>th</sup> day of August, 2016**

**Address: The District Magistrate & Chairperson of District Child Protection Unit  
Office of the District Magistrate, (Social Welfare Dept), Jalpaiguri**

**N. B.**

1. Application to be submitted as per the attached proforma;
2. The application should be reached in a sealed envelope super scribed with "Application for running After Care Programme";
3. Criteria wise supporting documents should be attached with the application

  
District Social Welfare Officer  
Jalpaiguri

**Application to run After Care Programme in Jalpaiguri**

1. Name of the Applicant Organization :
2. Address & Phone No of the Organization :
3. Name of the Chief Functionary with address  
, contact details and email :
4. Details of Registration :
5. Registration valid upto :
6. Issuing Authority :
7. Details of Experience of work ( to be attached  
In separate sheet ) :

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the applicant with  
seal.