ANIMAL WELFARE BOARD OF INDIA

Ministry of Fisheries, Animal Husbandry and Dairying, Govt. of India (Department of Animal Husbandry and Dairying)

NIAW Campus, 42 KM Mile Stone, Delhi-Agra Highway NH-2, Ballabhgarh, Haryana-121004

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# APPLICATION FORM FOR HONORARY ANIMAL WELFARE REPRESENTATIVE

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Name of the Applicant | | | | | | | | | | | |  | | | | |
| 2 | Name of Father / Spouse | | | | | | | | | | | |  | | | | |
| 3 | Date of Birth | | | | | | | | | | | |  | | | | |
| 4 | Gender | | | | | | | | | | | |  | | | | |
| 5 | ID Proof (enclose self attested copy) | | | | | | | | | | | |  | | | | |
|  | ID Proof | | | | | | | | | | | |  | | | | |
|  | Document Type *(Aadhaar/Driving License/Voter ID/Passport)* | | | | | | | | | | | |  | | | | |
|  | Document Number | | | | | | | | | | | |  | | | | |
|  | Copy of ID Proof document | | | | | | | | | | | |  | | | | |
| 6 | Complete Address *(with State, District, Taluka and Pin code)* | | | | | | | | | | | |  | | | | |
| 7 | Contact No. | | | | | | | | | | | |  | | | | |
| 8 | Email ID | | | | | | | | | | | |  | | | | |
| 9 | Educational Qualification *(High School and above, the candidate must be aware of AWBI Rules and regulations and may be able to communicate with the authorities and to complete the routine paper work)* | | | | | | | | | | | | | | | | |
|  | Qualification | | | Board/University | | | | | | | | Passing Year | | | | | Upload Mark sheet/Certificate |
| i |  | | |  | | | | | | | |  | | | | |  |
| ii |  | | |  | | | | | | | |  | | | | |  |
| 10 | Do you belong to any Animal Welfare Organization? | | | | | | | | *<Yes/No>* | | | | | | | | |
|  | If Yes:  Details of the Organization(s) to which he/she belongs | | | | | | | | | | | | | | | | |
|  | Name of the organization | Address | | | | Brief Description of the Organization *(Including animal welfare activities, kinds of animals handled)* | | | | | | | | | Your involvement with this organization | | |
| i |  |  | | | | *<Text Area & attachment>* | | | | | | | | | *<Text Area & attachment>* | | |
| ii |  |  | | | |  | | | | | | | | |  | | |
| 11 | Animal Welfare Activities done, so far *( if any)* | | | | |  | | | | | | | | | | | |
| 12 | Have you participated in any Animal Welfare Training Program conducted by AWBI? | | | | | | | *<Yes/No>* | | | | | | | | | |
| 13 | If Yes:  Details of Animal Welfare Training Program (s) | | | | | | | | | | | | | | | | |
|  | Year | | | | Program Details | | | | | | | | | Participation Certificate | | | |
| i |  | | | |  | | | | | | | | |  | | | |
| ii |  | | | |  | | | | | | | | |  | | | |
| 14 | Any other relevant particulars to support your application | | | | | | | | |  | | | | | | | |  |  |  |
| 15 | Language(s) known | | | | | | | | |  | | | | | | | |  |  |  |
| 16 | Name of the Recommending Authority | | | | | | | | |  | | | | | | | |
| 17 | Recommendation Letter *(With signature and seal) (Member, AWBI / Chairman or Secretary of State Animal Welfare Board / Chief Vety. Officer/District Animal Husbandry Authority of Animal Husbandry Department/ District Collector/ Chairman or Secretary of District SPCA/Member of Parliament / Member of the Legislative Assembly.)* | | | | | | | | |  | | | | | | | |
| 18 | Details of Concerned Police Station *(Name and Address of the nearest Police station with pin code, Phone no. and email id)* | | | | | | | | | | | | | | | | |
|  | Name of the Police Station | | Address | | | | Pin Code | | | | Email | | | | | Phone No. | |
|  |  | |  | | | |  | | | |  | | | | |  | |
| 19 | Declaration | | | | | | | | | |  | | | | | | |