



भारतीय वन्यजीव संस्थान
Wildlife Institute of India

APPLICATION FORM
(Project Biologist)

Name of the Project: _____

Category: General/SC/ST/OBC/Physically Handicapped, please indicate _____

1. Name of the applicant: _____

A. Present Postal Address with *Pin Code*

Phone/Fax # _____

e-mail _____

B. Permanent Residential Address with *Pin Code* _____

Phone/Fax # _____

e-mail _____

Nearest Railway Station for undertaking the Journey _____

2. Date of birth _____ Age in years _____

3. (a) Academic Achievements:

Examination Passed	Year	University	Subject	Percentage of marks obtained
Higher Secondary				
Bachelor's Degree				
Master's Degree				

(b) Creative Achievement (State briefly your bio data as research worker/giving details of research papers, participation in Seminar, Symposium, Conference, etc.). Furnish this information in a separate sheet.

Affix a recent passport size photograph

4. Have you received any scholarship/fellowship before applying for this award? (If so, please give its source, value, period and details of work done under that award) _____

Name of the Scholarship	Awarding Agency	Period		Amount
		From	To	

5. Employment held so far (up to date):

Name of the Employer	Position held	Period		Emoluments per month
		From	To	

6. Research publications, title of the publication, year of publication, journal, etc., may be indicated (*reprints may be enclosed*). Details may be given in a separate sheet.
7. Seminar/Symposium/Workshop/Conference attended.
8. Extracurricular activities. (*Details may be given in a separate sheet and attach attested copy of the certificates, if any*).
9. National Parks, Sanctuaries & Forest areas visited, and a paragraph on self interest in the field of Wildlife Conservation & Research (*attach a separate sheet*).
10. Name, Address and Phone Number of three referees should be given below. **Also attach separately testimonials obtained from any two referees:**
- 1.
 - 2.
 - 3.
11. Certified that information furnished above are correct to the best of my knowledge.

Place:

Date:

(Signature of the Applicant)