

ANIMAL WELFARE BOARD OF INDIA

(Ministry of Environment & Forests, Govt. of India)

Post Box No. 8672

13/1, Third Seaward Road, Valmiki Nagar, Thiruvannamiyur, Chennai - 600 041.

E-mail : awbi@md3.vsnl.net.in Website : www.awbi.org

For office Use Only

Date of Receipt : Date of Issue of I.D. Card : I.D. Card No.:

APPLICATION FOR HONY. ANIMAL WELFARE OFFICER

NAME :
(In Block Letters)

Address :

Pin-Code:

Name of Sponsoring
Organisation with
AWBI Recog. Code No.

Residence Telephone :

Work Telephone :

Age:

Sex:

Address:

Give a brief description of the sponsoring organisation's activities, facilities and kinds of animals handled.
What is your involvement with this organisation?
Have you attended any animal welfare training programme?
If sponsored by AWBI, please attach a copy of certificate attested by a Gazetted Officer
How long have you been with this Organisation?
Educational Qualifications?
What is your previous involvement with Animal Welfare?
Which languages do you speak?

Languages

Speak
good/fair/poor

Write
good/fair/poor

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I enclose a Bank Draft Payable at Chennai in favour of "Animal Welfare Board of India" for Rs.100/- as registration fee. (DD No..... dt..... Name of the Bank..... Bank Code.....)

Signature of applicant:

Date:

Signature of Secretary/President of the sponsoring Organisation with seal and name in block letters

Date:

Please return this form to Secretary, Animal Welfare Board of India, 13/1, Third Seaward Road, Valmiki Nagar, Thiruvannamiyur, Chennai - 600 041. Tel. No. 044-24571024, 044-24571025 Fax No.044-24571016

* Note : Please send one additional passport size photograph.

ADDITIONAL INFORMATION SHEET

TO BE FILLED BY RECOMMENDING MEMBER/SPONSORER

Name of Member, AWBI/State Animal Welfare Board/
Sponsoring Organisation (if no member represents
the state/nominated by the member, AWBI)

Recog. Code No. (in block letters) :

How long you know the applicant?

Whether the applicant is genuinely interested
in animal welfare activities?

*The information furnished by the applicant is true to my knowledge and I recommend
issue of HAWO Card to him/her.*

Address:

Signature of Board Member or Hony.
Secretary or President of AWO
authorised by the member with seal

Date:

Declaration by the Applicant

I am aware that I will be liable for prosecution in the event of any misuse of the
ID Card.

Signature of applicant

Date:

- Note :**
- (i) Candidate's age should be between 21-80 years.
 - (ii) Minimum Educational Qualification should be: Matriculation, preferably
Graduation.