

Do Not Submit this application form either in hard copy or via email as well as do not pay the application fees for any application in AWBI A/c No. 52006761496. Kindly apply online through www.awbi.gov.in. This application form is for reference only.



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, Ballabgarh, Haryana-121004

Email: support-awbi@gov.in : Website: www.awbi.gov.in

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 (<i>Aadhaar/Driving License/Voter ID/Passport</i>)			
	Document Number			
	Copy of ID Proof document			
6	Complete Address (<i>with State, District, Taluka and Pin code</i>)			
7	Contact No.			
8	Email ID			
9	Educational Qualification (<i>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</i>)			
	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 (<i>Including animal welfare activities, kinds of animals handled</i>)	Your involvement with this organization
	i		<Text Area & attachment>	<Text Area & attachment>
	ii			
11	Animal Welfare Activities done, so far (<i>if any</i>)			
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 <i>(With signature and seal)</i> <i>(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.)</i>				
18	Complete Address of SP/ASP/SSP/Commissioner <i>(Name and Address of the nearest Police station with pin code, Phone no. and email id)</i>				
	Name of the Police Station	Address	Pincode	Email	Phone No.
19	Declaration				

DECLARATION

I Mr./Ms S/o, D/o, W/o

R/o

do hereby solemnly affirm and declare as under:

1. That I am citizen of India.
2. That I am consenting to act as Honorary Animal Welfare Representative.
3. That I have never been charged, convicted or sentenced in any case of animal cruelty and violation of Prevention of Cruelty to Animals Act, 1960.
4. That I have not filed/represented/ appeared in any Animal Cruelty and related matters against AWBI and / or Govt. of India.
5. That I promise to protect the animals from unnecessary cruelty or pain, to safeguard the rights of the animals and help animals in distress.
6. That I shall not engage in any sort of theft, fraud, misrepresentation or any other illegal act. If I shall do so, the AWBI shall not be liable for such an act done at my own risk.
7. That I promise to never engage in any theft or extortion of money or property or attempt to defraud the anyone in any manner by using this ID card/ Authorization letter.
8. That I shall always ensure that my conduct is in accordance with all the laws, rules, regulations, advisories and directions of the Board issued from time to time.
9. That I shall not take up part-time or full-time employment or consultation with any other party or be involved in any other business involving Animal Slaughter, Animal Transportation pet shop or breeding units or any other business involve in any cruelty to animals during my term of term as HAWR.
10. That I shall always ensure that my conduct is in highest order and maintain a good moral turpitude as a representative of the Board and I shall not involve myself in any illegal activity including engaging in any sexual harassment. If, I violates this term in the agreement, I shall be fully responsible for my actions and the Board shall not be held responsible for any illegal acts committed at my discretion.
11. That I acknowledges that, in the course of performing and fulfilling my duties as HAWR, I may have access to and be entrusted with confidential information concerning the activities of the Board and the confidential of the same will be maintained by myself. The disclosure or enabling of any such information to the other party, which could be highly detrimental to the interests of the Board will result in immediate termination of my engagement as HAWR.
12. That I covenants and agrees with the AWBI that he will not, under any circumstance during my engagement as HAWR, disclose any such confidential information to any person, firm or corporation, nor shall I use the same, except as required in the normal course of my engagement.
13. That the Board shall have right to terminate or suspend my appointments HAWR in case of violation of any of the mentioned terms and condition or for

any other reason given in writing.

14. That the Board shall have right to modify or make addition to these terms and condition at any time, which shall be binding.
15. That all the information provided and declaration made by me are true and correct to the best to my knowledge and belief and nothing material is concealed there from.

Signature
(Applicant)

Date :

Place :