Space for photograph

duly signed across by the

candidate

#### PROFORMA FOR APPLICATION

| 1 | <br>Αď | ver | tisen | nent | Ν | lo: |
|---|--------|-----|-------|------|---|-----|
|   |        |     |       |      |   |     |

- 2. Post Applied for:
- 3. Application Fee details:
- 4 (a) Category(belonging to):

| UR | EWS | OBC | SC | ST |
|----|-----|-----|----|----|
|    |     |     |    |    |

(b) Category of post applied for:

| UR | EWS | OBC | SC | ST |
|----|-----|-----|----|----|
|    |     |     |    |    |

5. Name (in block letters):

| First Name | Middle Name | Last Name |  |  |
|------------|-------------|-----------|--|--|
|            |             |           |  |  |

- 6. Father's /Husband's Name:
- 7. Permanent Address
- 8. Address for correspondence

Pin code:

Tel. No. with STD Code, if any:

E- mail: Mobile:

- 9. Nearest Railway Station:
- 10. Date of Birth (Date/Month/Year):
- 11. Age as on **06.01.2025**

| Years | Months | Days |
|-------|--------|------|
|       |        |      |

12. Scale of Pay of present post & present Basic Pay and Total emoluments drawn: (for employed candidates)

| 13. Educational Qualifi | cations starting w | ith Matriculation ( | 10 <sup>th</sup> ): |
|-------------------------|--------------------|---------------------|---------------------|
|-------------------------|--------------------|---------------------|---------------------|

| Exams  | Name of               | Year of | Subjects | Division | Percentage |
|--------|-----------------------|---------|----------|----------|------------|
| passed | The Board/ University | passing |          |          | of marks   |
|        |                       |         |          |          | obtained   |
|        |                       |         |          |          |            |
|        |                       |         |          |          |            |
|        |                       |         |          |          |            |
|        |                       |         |          |          |            |
|        |                       |         |          |          |            |
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|        |                       |         |          |          |            |
|        |                       |         |          |          |            |
|        |                       |         |          |          |            |

### 14. Employment details, if applicable (Chronologically from present position backwards)

| Name of the  | Full Address of       | Post held | Period    | Total      | Nature of duties/ |
|--------------|-----------------------|-----------|-----------|------------|-------------------|
| Employer/    | Employer/Organization | (with pay | From*-To* | emoluments | experience        |
| Organization |                       | scale)    |           | drawn      |                   |
|              |                       |           |           |            |                   |
|              |                       |           |           |            |                   |
|              |                       |           |           |            |                   |
|              |                       |           |           |            |                   |
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|              |                       |           |           |            |                   |
|              |                       |           |           |            |                   |
|              |                       |           |           |            |                   |

<sup>\*</sup> Specify Month and Year

(iii)

| 15. References: mobile) | (Name | and | Designation | along | with | contact | address | details | including | email | and |
|-------------------------|-------|-----|-------------|-------|------|---------|---------|---------|-----------|-------|-----|
| , (i                    | )     |     |             |       |      |         |         |         |           |       |     |
| (ii                     | i)    |     |             |       |      |         |         |         |           |       |     |

| 16. Any other relevant information | : |
|------------------------------------|---|
|------------------------------------|---|

#### **DECLARATION**

I affirm that the information given in this application form is true and correct. I also fully understand that if at any stage it is found that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature may summarily be rejected and the employment terminated.

| PLACE: | (SIGNATURE OF THE APPLICANT) |
|--------|------------------------------|
| DATE:  |                              |

## FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA

| This    | is     | to     | cei    | rtify   | that       | Shri/Sm    | t./Kumari      |            |             |          |                     |       |
|---------|--------|--------|--------|---------|------------|------------|----------------|------------|-------------|----------|---------------------|-------|
| son/da  | aughte | er     |        |         |            | of         | village/town   | in in      | District/D  | ivision  |                     |       |
|         |        | in     | the    | Sta     | te/Union   | Territ     | ory            |            |             | bel      | ongs                | to    |
| the     |        |        |        |         | C          | ommunit    | y which is rec | ognize     | d as a bad  | kward c  | lass ur             | nder  |
| the Go  | overnr | ment   | of Ind | lia, M  | inistry of | Social Ju  | ustice and Em  | npowei     | ment's Re   | solution | No.                 |       |
|         |        |        |        | -       | dated_     |            |                | <u>*</u> . | Shri/       | Sr       | nt./Kui             | mari  |
|         |        |        |        |         |            |            |                | and/d      | or his/her  | family   | ordin               | arily |
| reside  | (s) in | the_   |        |         | Distri     | ct/Divisio | on of the      |            | _ State/U   | nion Ter | ritory.             | This  |
| is also | o to   | certif | y that | he/s    | she does   | s not be   | long to the    | persor     | ns/sections | s (Crear | ny La               | yer)  |
| mentic  | oned i | n Co   | lumn 3 | 3 of th | ne Sched   | ule to the | e Governmen    | t of Inc   | lia, Depart | ment of  | Perso               | nnel  |
| & Traii | ning ( | O.M.   | No. 36 | 6012/   | 22/93 - E  | stt.(SCT   | )dated 8.9.19  | 93.**      |             |          |                     |       |
|         |        |        |        |         |            |            |                |            | District    | Magistra | ate De <sub>l</sub> | puty  |
|         |        |        |        |         |            |            |                |            |             | Commis   | sioner              | etc.  |
| Dated:  | :      |        |        |         |            |            |                |            |             |          |                     |       |
| Seal    |        |        |        |         |            |            |                |            |             |          |                     |       |

Note:- The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

<sup>\*</sup> The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

<sup>\*\*</sup> As amended from time to time.

#### FORM OF SCHEDULED CASTE/TRIBE CERTIFICATE

| This  | is                                      | to                                     | certify                                 | that                         | Shri/Shri                                    | mati*/Kuma  | ar*                          |                                 |                       | s             | on/daughter*   | of                        |
|---|---|--|---|------------------------------|--|-------------|------------------------------|---------------------------------|-----------------------|---------------|--|---------------------------|
|   |   |  |   | _of                          | village*                                     | /town*_     |                              |                                 | in                    | 1             | on/daughter*<br>district/Divis                         | sion*                     |
|   |   |  | k                                       | pelongs                      | to the _                                     |             | Cas                          | ste/Tribe*                      | which                 | is            | recognised a   | as a                      |
|   |   |  |   |                              | be* under:                                   |             |                              |                                 |                       |               |  |                           |
|   |   |  |   |                              | Castes) Ord                                  |             |                              |                                 |                       |               |  |                           |
|   |   |  | •                                       |                              | Tribe) Orde                                  | •           | - mi \ O = -                 | dor 1051                        |                       |               |  |                           |
|   |   |  |   |                              | Castes) (U                                   |             |                              |                                 |                       | hahr          | by the Sched   | hulad                     |
|   |   |  |   |                              |  |             |                              |                                 |                       |               | nisation Act, 1  |                           |
|   |   |  |   |                              |  |             |                              |                                 |                       |               | the North Eas  |                           |
|   |   |  |   |                              |  |             |                              |                                 |                       |               | ed Tribe Or  |                           |
| (Ar   | nend                                    | ment)                                  | Act, 197                                | 76].                         |  |             |                              |                                 |                       |               |  |                           |
|   |   |  |   |                              | d Kashmir) (                                 |             |                              |                                 |                       |               |  |                           |
|   |   |  |   |                              | ind Nicobar                                  |             |                              |                                 |                       | 959.          | •  |                           |
|   |   |  |   |                              | Nagar Have                                   |             |                              |                                 |                       |               |  |                           |
|   |   |  | •                                       |                              | Nagar Have                                   | ,           |                              |                                 | 1962.                 |               |  |                           |
|   |   |  |   |                              | y) Schedule<br>Fribes (Utta                  |             |                              |                                 |                       |               |  |                           |
|   |   |  |   |                              | in & Diu) So                                 |             |                              |                                 | 2                     |               |  |                           |
|   |   |  |   |                              | ın & Diu) So<br>ın & Diu) So                 |             |                              |                                 |                       |               |  |                           |
|   |   |  |   |                              | Scheduled                                    |             |                              |                                 | •                     |               |  |                           |
|   |   |  |   |                              | neduled Ca                                   |             |                              |                                 |                       |               |  |                           |
|   |   |  |   |                              | neduled Trib                                 |             |                              |                                 |                       |               |  |                           |
| one S<br>issued<br>Shri/S<br>distric<br>the | tate/l<br>This<br>d<br>Shrims<br>t/Divi | Jnion<br>s Cer<br>f<br>ati/Ku<br>sion_ | Territory<br>tificate is<br>to<br>mari* | / Admir<br>s issued<br>Shri/ | istration: d on the ba 'Shrimati* of the Sta | asis of the | Schedul<br>of v<br>Territory | ed Caste<br><br>illage/tow<br>* | /Sched<br>fatl<br>/n* | uled<br>her/r | Tribes certif<br>mother<br>who belong<br>heduled Tribo | icate<br>of<br>in<br>s to |
| the   | ,, , .                                  | _                                      | ., 4                                    |                              |  |             |                              |                                 |                       | ,             | •  |                           |
| State/                                      | Unio<br>"it. ()                         | n ler                                  | ritory <sup>*</sup> _                   |                              |  | ISSUE       | d by the                     |                                 |                       | _(na          | me of presci   | ibed                      |
| JULIO                                       | iity) v                                 | nae ii                                 | ieii ivo                                |                              |  | ualeu_      |                              |                                 | •                     |               |  |                           |
| %3. \$                                      | Shri/S                                  | Shrima                                 | ati*/Kum                                | ari*                         |  | e           | and/or hi                    | is/her* F                       | amily o               | ordin         | arily reside(s   | s) in                     |
| village                                     | e/tow                                   | n*                                     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                              | of   |             |                              | Distr                           | ict/Divis             | sion          | arily reside(sof the State/U                           | Jnion                     |
| Territo                                     | ory of                                  |  |   |                              | ·  |             |                              |                                 |                       |               |  |                           |
|   |   |  |   |                              |  |             |                              |                                 |                       |               |  |                           |
|   |   |  |   |                              |  |             |                              |                                 | Signa                 | ture          |  |                           |
|   |   |  |   |                              |  |             |                              |                                 | ^^Des                 | signa         | ation  | ol of Offic               |
| Dlaco                                       |   |  |   |                              |  |             |                              |                                 |                       |               | (With Sea  | ai Oi Oific               |
| i iau <del>u</del><br>State/                | <br>Unio                                | n Terr                                 | itory                                   |                              |  |             |                              |                                 |                       |               |  |                           |
|   |   |  | itory                                   |                              |  |             |                              |                                 |                       |               |  |                           |
|   |   |  |   |                              |  |             |                              |                                 |                       |               |  |                           |
| * Plea                                      | se de                                   | elete t                                | he word                                 | s which                      | are not app                                  | olicable    |                              |                                 |                       |               |  |                           |
| @Plea                                       | ase o                                   | iuote :                                | specific I                              | Preside                      | ntial Order                                  |             |                              |                                 |                       |               |  |                           |

Note: The term "Ordinarily resides(s)" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

\*\* List of authorities empowered to issue Scheduled Tribes Certificates:

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%Delete the paragraph which is not applicable.

- District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/ 1<sup>st</sup> Class Stipendiary Magistrate/ City Magistrate/Sub-Divisional Magistrate/ Taluk Magistrate/ Executive Magistrate Extra Assistant Commissioner. (not below the rank of 1stClass Stipendiary Magistrate)
- 2. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
- 3. Sub-Divisional Officer of the area where the candidate and/or his family normally resides.
- 4. Administrator/Secretary to Administrator/Development Officers (Lakshadweep Island).

#### **Annexure-VI**

#### FORM OF DECLARATION FROM THE CANDIDATES SEEKING RESERVATION AS OBC

| "I,               | son/daughter of Shri  | resident of               |
|-------------------|---|---------------------------|
| village/town/city | district  | state                     |
|                   | hereby declare that I belong to the                         | community                 |
| which is recogni  | ized as a backward class by the Government of India fo      | r purpose of reservation  |
| in services as    | per orders contained in Department of Personne              | el and Training Office    |
| Memorandum N      | lo.36012/22/93-Estt.(SCT) dated 8.9.1993. It is also declar | ared that I do not belong |
| to persons/sect   | ions (Creamy Layer) mentioned in Column 3 of the            | Schedule to the above     |
| referred Office N | Memorandum dated 8.9.1993."                                 |                           |
|                   |   |                           |
|                   |   |                           |
| PLACE:            | (SIGNATURE  | OF THE APPLICANT)         |
| DATE:             |   |                           |

#### **Annexure-VII**

# FORM OF DECLARATION FROM THE CANDIDATES FOR INFORMING TO HEAD OF OFFICE/ DEPARTMENT (IF APPLICABLE)

| Ι,                   |            | _son/dau | ghter of | Shri _ |          |       |        |       | _resident o  |  |  |
|----------------------|------------|----------|----------|--------|----------|-------|--------|-------|--------------|--|--|
| village/town/city    | district   |          |          |        |          |       |        |       | state        |  |  |
|                      | _ hereby   | declare  | that I   | have   | informed | in w  | riting | to my | / Head o     |  |  |
| Office/Department th | nat I have | applied  | for the  | post o | f        |       |        |       | _in Wildlife |  |  |
| Institute of India.  |            |          |          |        |          |       |        |       |              |  |  |
|                      |            |          |          |        |          |       |        |       |              |  |  |
|                      |            |          |          |        |          |       |        |       |              |  |  |
| PLACE:               |            |          |          |        | (SIGN    | ATURE | OF T   | HE AP | PLICANT)     |  |  |
| DATE:                |            |          |          |        |          |       |        |       |              |  |  |

## CHECK LIST OF SUPPORTING DOCUMENTS ATTACHED IN THE APPLICATION FORM

I affirm that I have attached the following supporting **self-attested documents** and have signed at the appropriate places in the application form.

|                 | Photo pasted and signed across by me   |
|-----------------|--|
|                 | Demand Draft for Rs. 700/- attached  |
|                 | Address proof (aadhar card/ passport) attached   |
|                 | Valid caste certificate issued by Central Government attached (if applicable)  |
|                 | Proof of age (Matriculation Certificate/Marksheet ) attached   |
|                 | Certificate in support of claim of age relaxation (if applicable) attached   |
|                 | Education qualifications (Mark sheets of Class X, Class XII, Bachelor, if applicable) attached   |
|                 | NCC/ NSS/ Sports/ Nature club/ Co-curricular activity certificates (if any) attached.  |
|                 | Employment details (if applicable) attached  |
|                 | Form of declaration from the candidates seeking reservation as OBCs(Annexure-VI)   |
|                 | Declaration for informing to Head of Office/ Department that the candidate has applied for selection (if applicable) attached (Annexure-VII) |
|                 | Documentary support for any other claim(s) made (if applicable) attached.  |
|                 |  |
| PLA             | ACE: (SIGNATURE OF THE APPLICANT)  |
| DA <sup>-</sup> | TE:  |