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External Scholar/Research Affiliate Admission Form

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| --- | --- | --- | --- | --- | --- | --- |
| **A. Name and Photograph** | | | | | | |
| Name of the External Scholar/Research Affiliate | |  | | | | ***Photograph*** |
| **B. Personal Details** | | | | | | |
| Email ID (Primary) | |  | | | | |
| Email ID (Secondary) | |  | | | | |
| Mobile | |  | | | | |
| WhatsApp No. | |  | | | | |
| Permanent Address | |  | | | | |
| Address for communication | |  | | | | |
| Address (Emergency contact) | |  | | | | |
| Phone No. (Emergency contact) | |  | | | | |
| Blood Group | |  | | | | |
| Nationality | |  | | | | |
| Date of Birth | |  | | | | |
| Father’s Name | |  | | | | |
| Mother’s Name | |  | | | | |
| Gender | |  | | | | |
| B.Sc./M.Sc. completed (Yes/No) | |  | | | | |
| Details of the B.Sc./M.Sc. course (Year, Subject/University etc.) | |  | | | | |
| **C. Academic details:** | | | | | | |
| Thesis Title | |  | | | | |
| WII – Co-Guide name | |  | | | | |
| Main Guide’s name, address with email+phone | |  | | | | |
| Registered with (University/Institute name) | |  | | | | |
| Affiliation requested for (PhD work, other research etc., please provide details) | |  | | | | |
| Duration of Affiliation | |  | | | | |
| **D. Access/support required at WII** | | | | | | |
| 1. Fieldwork permission | | |  | | | |
| 1. Fieldwork support | | |  | | | |
| 1. Library | | |  | | | |
| 1. Computer Room | | |  | | | |
| 1. GIS facility | | |  | | | |
| 1. Analytical Laboratory | | |  | | | |
| 1. Conservation Genetics Laboratory | | |  | | | |
| **E. Undertaking** | | | | | | |
| 1. I have gone through the following documents related to WII rules: 2. Campus/Field Code of Conduct Guidelines 3. WII Guidelines for Academic Ethics 4. Awareness of POSH Act 5. Rules and Regulations Governing Old Hostel   I will abide by these institutional rules.  **Signature** | | | | | | |
| **F. Undertaking** | | | | | | |
| 1. All information furnished by me is correct 2. WII will not be held responsible for any mishap, damage, loss, injury to me in the campus or during the course of field work 3. I understand that the Director, WII has right to cancel my affiliation in case my behavior and conduct are not found satisfactory | | | | | | |
| **Date: Signature** | | | | | | |
| **G. Acceptance** | | | | | | |
| *Co-Guide* | ***Date*** | | | ***Signature*** |  | |
| *Dean, FWS* | ***Date*** | | | ***Signature*** |  | |
| *Director, WII* | ***Date*** | | | ***Signature*** |  | |

Affiliation fee to be paid – a) Students registered with Indian university/institutes: Rs. 5000/- per year to WII.

b) Students registered with Foreign university/institutes: Rs. 12000/- per year to WII.

If no facilities are required at WII (including permission/fieldwork support) and only academic guidance is requested then no fees is needed, but the form needs to be filled mandatorily.

Online Payment at **-**

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| Beneficiary Name | Director, Wildlife Institute Of India |
| Bank Account No. | **518502010059571** |
| Name of Bank | Union Bank of India |
| Name of Branch | Union Bank of India, Chandrabani |
| Account Type | Saving Account |
| IFSC Code | **UBIN0551856** |
| SWIFT Code | UBININBBDER |
| MICR Code | 248026006 |