



## Admission form for Internship Programme (IP)

PART I: Personal History Form					
Surname (Family name):					Affix a recent stamp size photograph
First Name:					
Date of Birth:		Age: (In years)			
Nationality:	Sex	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Aadhar No.:		Place of Issue			
Course Completed/Ongoing		Course completion year			
Name and Address of the College, University, Institution where currently studying/completed					
Paid/Unpaid internship					
Fellowship amount					
Budget head (for paid internship)					
Internship start date and period					
Home Address:					
E-mail Address:		Mobile phone No			
Emergency contact person (full name, address and contact number)					
One year experience certificate after B.Sc./M.Sc. (for higher fellowship amount)					

<b>PART II: Statement of interest</b>							
Please provide a statement of interest in about 500 words (use separate sheet) indicating the proposed work to be done during the internship period. The applicants are requested to see the Institute's faculty profile and their area of interest, and list of ongoing research projects on the website <a href="https://wii.gov.in">https://wii.gov.in</a>							
<b>PART III: Undertaking</b>							
Undertaking	a) All information furnished by me is complete and correct						
	b) WII will not be held responsible for any mishap, damage, loss, injury to me in the campus or during the course of field work						
	c) I understand that the Director, WII has right to cancel my internship in case my behavior and conduct are not found satisfactory						
	d) I agree to pay Rs. 5000/- institute fee (for non-paid internships), if my application is approved by the Competent Authority						
Date of application	Date			Signature			
Supervising Faculty	Name			Signature			
<b>PART IV: Acceptance</b>							
Approval of Dean, FWS		Name			Signature		
Copy	Library			Computer & GIS Cell		Laboratory	
	WFCG Cell			Herbarium		NWD cell	
	ENVIS Centre			Hostel Warden		Academic Cell	
Approval of Director, WII (For paid internships)		Date			Signature		

**PART V: Fee details**

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

Submit institutional fee amounting **Rs. 5000/-** (non-refundable) to the above bank account and provide the transaction document through e-file (routed through your PI) for issue of office order.