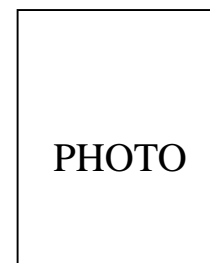


CPCSEA NOMINEE APPLICATION FORM

Name of the Applicant :
Category of Application : Nominee / Socially Aware Nominee (Please Tick)
Sex :
Date of Birth (dd/mm/yy) :
Organization :
Communication Address :
Telephone :
Fax :
Mobile :
E-Mail :



Academic Qualifications (Most current qualification first) :

Degree / Certificate	Subject	Year	Institution, Country

Professional Experience :

Month and Year	Title	Institution / Company, Country	Government/ Private

Experience in Animal Welfare/ Animal handling/ research :

Month and Year	Area of Specialization	Institution / Company, Country	Government/ Private

Any family member already working as Nominee of CPCSEA (Please mention the name and relation):

No Objection Certificate (Yes / No) : (In the prescribed proforma)

Declaration:

1. I am fully aware of my duties and responsibilities as CPCSEA nominee representing the Institutional Animal Ethics Committees (IAECs)
2. I will carry out my responsibilities in accordance with the rules and regulations of CPCSEA and as per the instructions received from CPCSEA.
3. I will not use the name of CPCSEA on personal letter heads or other communications.
4. I will not misuse the name and purpose of CPCSEA for any assistance or gain.
5. I will not disclose any confidential information of the institution / CPCSEA.
6. I am aware that my nomination can be cancelled by CPCSEA, without assigning any reason.

Date:

Signature of Applicant

*The filled in application Form alongwith above information / details / supporting documents (Detailed Resume, Certificate of education qualification, Certificate of Animal Welfare experience, Photo ID proof and Date of Birth Proof) should be sent to :-

The Member Secretary,
CPCSEA, Ministry of Environment, Forest & Climate Change,
5th Floor, Vayu Block, Indira Paryavaran Bhawan, Jor Bagh Road, New Delhi 6 110003.
E-mail: cpcsea-mef@gov.in

Note: The application forms complete in all respect shall only be entertained in CPCSEA and the incomplete applications shall be rejected without entering into any communication with the applicant.

No Objection Certificate

Date:

This is to certify that Dr./Mr./Ms./Miss _____ is an employee in our Institute / Organization viz. (Name of the Institute / Organization) _____ located at _____.

He/ She wishes to apply for Nominee of CPCSEA. The Institute / Organization has no objection for working him/her as Nominee of CPCSEA.

Signature : _____ Seal with date _____

Name : _____

(Head of Institute/Head of Department/Placement Officer/Head of Organization)

Name of the Institute / Organization: _____