# Human सिंद्रिधिक Gounell ® जानवाधिकार परिषद्

# Organization Governed By legislation of Govt of India.Reg-2432020

### APPLICATION FORM

(To be filled by the application by the applicant only.)

Name of Post	te / District / Tahsil / Block	_ / City / Gram Panchayat)	
(National / Zonal / Sta	ite / District / Talisii / Block	/ City / Grain Panchayat)	
Mr. / Mrs. / Miss. /			
Fathers Name			
Mothers Name		Date Of Birth	Gende
Marital Status	Nationality	Blood Group	
Language Known	Educational Qualification		
Profession	Aadhar Number _		Mobile
Permanent Address			
P/S	Block	District	
State	Pin Code	Email	

### **Document Enclosed:**

- 1. Two Passport size Color Photograph
- 2. Adhar Card / Driving License / Election Card or any ID issued by Government of India.
- 3. Cooperation Fees is available on website according to the Post. (Website: www.hrcgov.co.in)

## **Declaration by Applicant**

- > I have not been convicted over by any court of law anywhere in India.
- > Is further stated that I am citizen of India and have not been involved in any criminal case in India and there is no criminal case pending against me in the court of law.
- > Aforesaid information is correct to be best of my knowledge and nothing had been concealed by me.
- During my membership period in organization I shall abide the rules and regulation of organization's constitution. The organization can take action against me in the case of misusing the name of organization and I will not be entitled to withdraw the cooperation amount from the organization.

Date:	Applicant Signature