WARSA – Ethnic Knowledge Heritage Society

(Registered NGO – MH/342/2021/Amravati | F-29097)
Website: http://warsaethnicknowledge.org
Email: warsaethnicknowledge@gmail.com

WARSA Consultancy Services Application Form

Section A: Applicant Information

1. **Name of Applicant (Full name)**:

   _____

2. **Institute/ Organization name:**----------
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3. **Designation & Department (if applicable)**:

   _____

4. **Address**:

   _____

   _____

5. **District & State**:

   _____

6. **Mobile Number**:

   _____

7. **Email ID**:

   _____

8. **Type of Institution / Group** (Tick ✓ applicable):
   ☐ Academic Institute
   ☐ Student – UG / PG/ Research (PhD)
   ☐ NGO
   ☐ SHG
   ☐ Herbal Industry
   ☐ Government Department
   ☐ Research Agency
   ☐ Other: _____

Section B: Required Consultancy Service

8. **Select the Service Required** (Tick ✓ one or more):
   ☐ Medicinal Plant Identification & Cultivation
   ☐ Wild Edibles & NTFP (Non-Timber Forest Produce)
   ☐ Plant Identification Services
   ☐ Training / Awareness Programme
   ☐ Other (please specify): _____
9. **Brief Description of Requirement**:

   _____

   _____

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10. **Preferred Mode of Consultancy**:
    ☐ Online
    ☐ On-Site
    ☐ Hybrid
11. **Proposed Date(s) / Duration**:

    _____

12. **Location of Activity (if applicable)**:

    _____

13. **Do you require a formal quotation before proceeding?**
    ☐ Yes, please provide a quotation with scope of work and fee
    ☐ No, I am proceeding directly with application and payment

Section C: Deliverables Expected

(Tick ✓ applicable)
☐ Field Visit Report
☐ Cultivation Protocol
☐ Plant Identification Certificate
☐ Training Participation Certificate
☐ Herbarium Assistance
☐ Other: _____

Section D: Payment Details

(To be filled after approval by WARSA Office)

- **Consultancy Fee (as per activity)**:
  ☐ ₹5,000 + TA (Activity 1 & 2)
  ☐ ₹1,000 per plant (Activity 3)
  ☐ Customized Fee: ₹_____
- **Mode of Payment**:
  ☐ Online
  ☐ Cash
  ☐ UPI
- **Payment Done On**: _____
  Transaction ID / Reference: _____

Account Details for Online Payment:
Account Name: *Warsa Ethnic Knowledge Heritage Society*
Bank: *Bank of Maharashtra, Surji Anjangaon Branch*
A/C No.: *60396417232*
IFSC Code: *MAHB0000911*

Section E: Declaration by the Applicant

I/We declare that the information provided is true and correct to the best of my knowledge. I agree to comply with WARSA's ethical guidelines and biodiversity conservation policies.

Signature of Applicant: _____
Date: _____

Section F: WARSA Office Use Only

- **Consultant Allotted**: _____
- **Expertise Area**: _____
- **District Consultant / Institute**: _____

- **Approved By**: _____ (President/Secretary)

- **Remarks**: _____