

## 9th Course on Wildlife Conservation for Wildlife Enthusiasts Participation Form

## **Personal details:** Name: Date of Birth: / / ☐ Male ☐ Female Gender: Blood Group: Occupation:\_\_\_\_ **Contact details:** Address: Phone: (H) \_\_\_\_\_ (O) \_\_\_\_\_ \*NOTE: Do not list any numbers you do not wish to be contacted at Valid E-mail Address: (\* mandatory) **Brief write-up (motivation for participation):**



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## **Important Medical History**

1.	Please state any information you wish to share with us regarding your health and medical needs.
2.	Please specify if you are allergic to any substance, food or medicine
3.	If you are currently under any medication, please mention all details. <i>Ensure that it is carried with you.</i>
	Are you covered under any medical insurance? Y/N:  have prescribed glasses, please ensure that you have an extra pair with you.
Emer	gency Contact Person:
Relation	nship to you:
Contact	number: