VIII Course on Wildlife Conservation for Wildlife Enthusiasts

Participation Form

Personal details:

Name: ____

Date of Birth: / /

Gender: ☐ Male ☐ Female

Blood Group:

Occupation:____ ____

Contact details:

Address:

____

____

____

Phone: (H) ________________________

(O) ________________________

(M) ________________________

*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):

Important Medical History

1. Please state any information you wish to share with us regarding your health and medical needs.

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____

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. *Ensure that it is carried with you.*

____
____

4. Are you covered under any medical insurance? Y/N: _____

If you have prescribed glasses, please ensure that you have an extra pair with you.

Emergency Contact Person:

Relationship to you:

Contact number: