

Signature & Seal of Principal/Head of the Institution



To The Director Zoological Garden, Alipore Kolkata 700027

Date : .....

Place:....

### APPLICATION FORM for SIT & DRAW

Name of the Participating School/College (in block letters) .....

Last Date for Submission 15 September 2024

Contact No Email :						
DETAILS OF THE PARTICIPATING STUDENTS AND TEACHER						
Name of the Participants (in block letters)	Group	Class	Name of the Guardian & Contact no. (in block letters)	Name of the Accompanying Teachers (in block letters)		

#### 6th ZOO FESTIVAL





То **The Director** Zoological Garden, Alipore **Kolkata 700027** 

Date : .....

Place:....

#### **APPLICATION FORM** for QUIZ

Name of the Participating School/College (in block letters) .....

**Last Date for Submission** 15 September 2024

ddress						
Contact No Email :						
DETAILS OF THE PARTICIPATING STUDENTS AND TEACHER						
Group	Class	Name of the Guardian & Contact no. (in block letters)	Name of the Accompanying Teachers (in block letters)			
	AILS OF TH	AILS OF THE PARTI	AILS OF THE PARTICIPATING STUDENTS AND TEA			

Uniform is mandatory for school students. ID Card / Fees Book is mandatory for school and college students.

Signature & Seal of Principal/Head of the Institution



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To The Director Zoological Garden, Alipore Kolkata 700027

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Place:....

## APPLICATION FORM for POSTER PRESENTATION

Name of the Participating School/College (in block letters) ......

Last Date for Submission 15 September 2024

ontact No Email :						
DETAILS OF THE PARTICIPATING STUDENTS AND TEACHER						
Name of the Participants (in block letters)	Group	Class	Name of the Guardian & Contact no. (in block letters)	Name of the Accompanying Teachers (in block letters)		



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### APPLICATION FORM for EXTEMPORE

Name of the Participating School/College (in block letters) .....

Last Date for Submission 15 September 2024

ntact No			Email :		
DETAILS OF THE PARTICIPATING STUDENTS AND TEACHER					
Name of the Participants (in block letters)	Group	Class	Name of the Guardian & Contact no. (in block letters)	Name of the Accompanyin Teachers (in block letters	



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To The Director Zoological Garden, Alipore Kolkata 700027

Date : .....

Place:....

### APPLICATION FORM for DEBATE

Name of the Participating School/College (in block letters) .....

Last Date for Submission 15 September 2024

Ontact No  DETAILS OF THE PARTICIPATING STUDENTS AND TEACHER					

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