Zoological Garden, Alipore

2, Alipore Rd, Kolkata 700027, Email: director@kolkatazoo.in

Zoo Ranger Programme - Student Registration Form

1. Full name: _____

2. Date of Birth: _____ 3. Gender: _____

4. School Name, address and contact details: _____

_____

_____

5. Class: _____
6. Residential Address: _____

_____
7. Contact Number: _____
8. Parents/Guardian Name: _____
9. Parents/Guardian Contact Number: _____

Consent and Declaration

I hereby give my consent to participation in the Zoo Ranger Programme organized by the Zoological Garden, Alipore. I confirm that the information provided above is true and correct to the best of my knowledge.

- Student's Signature: _____
- Parent's/Guardian's Signature: _____
- Date: _____

Certified by School

- Name of Teacher Coordinator: _____
- Contact Number: _____
- Signature: _____

_____

Signature of Principal with seal