



REGISTRATION FORM

Title (Mr./ Mrs./ Ms./Dr./ Capt./Other)	
Name	
Date of birth (DD/MM/YYYY)	
Educational qualifications	
Organisation	
Designation	
Category: BIO/VET/FOR/IND/OTH	

(BIO-Biologist, VET-Veterinarian, FOR-Forest official, IND-Individual, OTH-Others)

Address (Official)	
City	State
Address (Residence)	
City	State
Phone (Office)	Fax
Phone (Residence)	Mobile
E-mail	Languages known
Specify the name of any other rehabilitation organization you are/were affiliated to	
In what way can you help the Emergency Relief Network?	
Taxa you specialize in	
Please mention in detail your experience in rescue and rehabilitation of wildlife	

Area of expertise: (Not more than 20 words)			
Years of experience in wildlife rescue/rehabilitation			
Do you have written permission from the forest department to work with wildlife rescues? If yes please attach a copy.			
Trainings/ workshops related to wildlife rescue and rehabilitation conducted or attended			
Name of training/workshop	Conducted/ attended	Year	Place
Any other information or comments you would like to be listed			

Please tick the boxes to confirm that you agree with the below mentioned statements

- I understand that by becoming a member of Emergency Relief Network I do not become a part of Wildlife Trust of India neither does it authorize me to do any kind of rescue work on behalf of the Wildlife Trust of India.
- I am aware that permission from the Forest Department is important before getting involved in wildlife rescues.
- I shall be solely responsible in case I am found misusing this card or any benefits I may get out of being a member of the Emergency Relief Network.

Please provide three relevant references to support your application for membership

Name	Organization & Designation	Email id	Contact number

Please attach a copy of any of the photo identity card provided to you by the government.



Signature:

Date: