

iNaturewatch Foundation
Address: 2, Mandar Cs, plot A- 23, Opp. Petrol Pump, Kharghar Navi Mumbai - 410210 Maharashtra, India.
(M): 91 9987013144 (E): info@inaturewatch.org, inaturewatch@gmail.com (Website): www.inaturewatch.org
(Registered as Charitable Trust (No.E-1074 dt. 13 May 2016)

₩ BUTTERFLY CAMPUS **₩**

A Nature Education and Biodiversity Enhancement Initiative by iNaturewatch Foundation

SCHOOL NOMINATION FORM FOR DEVELOPING BUTTERFLY GARDEN IN SCHOOL CAMPUS

| I. BASIC SCHOOL INFORMATION | | |
|--|---|--|
| 1. Name of the School: | | |
| 2. Address of the School: | | |
| | | |
| 3. Name o | of Principal / Headmaster / Headmistress: | |
| 4. Contact no. of Principal / Headmaster /Headmistress: | | |
| 5. Email id | d of Principal / Headmaster /Headmistress: | |
| 6. School | Board (tick all applicable): ☐ SSC ☐ CBSE ☐ ICSE ☐ Other: | |
| 7. Classes | S Covered in School: | |
| ☐ Primar | ry □ Middle □ Secondary □ Higher Secondary | |
| II. PROJEC | CT PARTICIPATION REQUIREMENTS | |
| 8. Is the school willing to provide a 300–500 sq. ft. open sunny space for the butterfly garden? If yes, please share photos | | |
| □ Yes | No □ Need site visit for assessment | |
| 9. Is there | e access to water near the proposed garden site? | |
| 10. Is the school willing to ensure safety and protection of the garden space? | | |
| □ Yes | □ No | |
| 11. Do you have a gardener or someone whom we can appoint for garden care? | | |
| ☐ Yes | □ No □ Could be arranged | |
| 12. Will the school designate 1 period per quarter for curriculum activities related to the butterfly garden? | | |
| ☐ Yes | □ No | |



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| 13. Will the school nominate 3-2 teachers to undergo a 1-day training workshop? | | | |
|---|--|--|--|
| □ Yes □ No | | | |
| III. CONTACT DETAILS FOR PROJECT COORDINATION | | | |
| 14. Name of School Coordinator: | | | |
| 15. Designation: | | | |
| 16. Mobile Number: | | | |
| 17. Email ID: | | | |
| @ DECLARATION | | | |
| We hereby express our interest in participating in the Butterfly Campus project and agree to the basic requirements listed above. We understand that this is a fully funded initiative and our role is to support its smooth implementation on school premises. | | | |
| Principal's Name, Signature & Stamp: | | | |
| Date: Place: | | | |