

Student's copy:

**Regional Science Centre, Bhopal**  
**Form: Registration of Students for Membership in Innovation Hub**

1.	Name of the Student	
2.	Residential address & Phone No.	
3.	Name of the School	
4.	Class	
5.	Discipline	
6.	Duration	From _____ to _____ Time Slot :

**Details of Payment:**

Amount : \_\_\_\_\_ Receipt No. \_\_\_\_\_ Dt. \_\_\_\_\_ Sign of Cashier: -----

Regd No: INNO.HUB : PHY/CHEM/BIO/ELECT/ROBO/HCOMP/BFS/TPJ

Signature of Guardian/Student

Signature of Issuing Authority

Kindly bring this copy on the first day of the session without fail to get membership in the Innovation hub. Please feel free to contact on: **0755-2661655** for any queries

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Office copy:

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