



## REGIONAL SCIENCE CENTRE

(National Council of Science Museums)

Banganga Road, Shyamla Hills, BHOPAL - 462002

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### *Application for Institutional membership of INNOVATION HUB of the centre*

1. Name of the Institution/School/College : .....
2. Address : .....  
.....
3. E-mail Id : .....
4. Name of the Principal : .....  
Phone Number (O) : ..... (R) : .....
5. Name of the Science activity incharge : .....  
Phone Number (R) : .....
6. Strength of School : .....
7. Membership fee in Rs. .... (in words) .....  
vide cash/DD/cheque No. & Date : .....

Signature of Principal  
with seal

for Office use only

<b>Membership No:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Amount	Receipt No. & Date	Period of Membership
<b>Membership No:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Amount	Receipt No. & Date	Period of Renewed Membership
<b>Membership No:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Amount	Receipt No. & Date	Period of Renewed Membership

Signature of Membership Officer