

## REGIONAL SCIENCE CENTRE

(A Unit of National Council of Science Museums)
Banganga Road, Shyamla Hills
Bhopal-462 002 (Phone No.0755-2661655)

Space for affixing passport size photograph

## FORM OF APPLICATION FOR TRAINEESHIP

١.	Name i	n full OCK letters)	:				
<u>.</u> .	Address in full (a) Permanent Address :						
						Pin cod	e:
	(b)	Present Address	:				
				Pin code:			
	(c)	Contact No.		Mobile No: Alternate Mobile No: Email Id:			
	Date of Birth :						
	Age as	on <b>18.07.2023</b>	:	years			
-	Father'	s/Husband's Name:					_
	Addres	s :					
	Occupa	ation :					
Exam	Particu	lars of Educational Q Name of	ualific	ations: Percentage	Division/Class	Year of	Subject(s) taken
	assed 1	School/College/Unive	ersity	of Marks obtained	obtained 4	Passing 5	6
Exam	Particu nination(s)	lars of Professional / Name of	Techr	nical Qualifications:  Percentage	Division/Class	Year of	Subject(s) taken
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d	isqualific	ng in any form and/or ation for the Trainees	hip.	ing in any influence furnished in this ap	•		
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