

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

Candidate's Signature

## FORM OF APPLICATION FOR TRAINEESHIP

Bhopal, a unit of N	neeship (Craft) in the tational Council of Sc isement No.RSCB/0	ience Museums, or	n a consolidate	d Stipend		
1. Name in full (in BLOCK le	:					
Address in full     (a) Permanent Address : _						
			Pin code:			
(b) Pres				D:	e:	
(c) Conta	act No. : Mob	bile No: Alternate Mobile No:ail Id:				
3. Date of Birth :/						
Age as on <b>11.07.2025</b> : years						
4. Father's/Husband's Name :						
Address	:					
Occupation :						
	f Educational Qualific		,			
Examination(s) Passed Sch	Name of nool/College/University	Percentage of Marks obtained	Division/Class obtained 4	Year of Passing	Subject(s) taken	
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6. Particulars of Professional / Technical Qualifications:						
Examination(s)	Name of nool/College/University	Percentage of Marks obtained	Division/Class obtained 4	Year of Passing	Subject(s) taken	
Note :			,			
(1) Information in respect of Sr. Nos. 3, 5 and 6 should be supported by attested copies of certificates & testimonials, otherwise the application will not be considered.						
(2) Canvassing in any form and/or bringing in any influence, political or otherwise, will be treated as a disqualification for the Traineeship.						
•	e that the information	furnished in this ap	oplication is tru	e and corr	ect to the best of	
, <u></u>						