# MEMBERSHIP FORM FOR TRANSITION: A SCIENCE HUB

Name of the student/Innovator:

Date of birth :

Class (for students) :

Name of the Institution :

Address of the Institute :

PASTE PASSPORT SIZE PHOTO HERE

Residential address :

(With pin code )

Email ID :

Contact No. :

Preferred day (tick any one) : Saturday or Sunday

Preferred session (tick any one) : Morning (10.30am to 12.00noon)

Afternoon (2.00pm to 3.30pm)

Evening (4.00pm to 5.30pm)

Date: Signature of Applicant

Mobile No. of the Guardian: Signature of the Guardian

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**Office use only**

Received Rs. 2000/- towards the membership of science Hub of Vide Receipt No. ……
Dated …….

Membership No. ……. Valid from …..…… to ……..…….

Signature of the Coordinator