



**MEMBERSHIP FORM FOR INNOVATION HUB/IDEA LAB**

**SCHOOL STUDENT**

(Use capital/block letters, Paste one photo in the space provided, attach one stamp size photograph for pasting on membership card)



1) Name of the Student

\_\_\_\_\_

2) Postal/Residential Address with Pin code

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3) Class and School address (for students)

\_\_\_\_\_  
 \_\_\_\_\_

4) Contact Phone No:

5) Email ID :

6) Preferred day **SATURDAY/SUNDAY** (tick any one)

7) Preferred Session (tick any one)

**Morning** (10-30AM to 1.00Pm)      **Afternoon** 2.30 PM to 5.00 PM

Date :

Signature of applicant

**For Office Use only**

Please receive Rs.1,000-00 (Rupees One thousand only) towards the membership fee of Innovation Hub of VITM.

Signature

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Received Rs1,000-00 (Rupees One thousand only) towards the membership fee of Innovation Hub of VITM vide receipt No:\_\_\_\_\_ dt\_\_\_\_\_ Signature\_\_\_\_\_

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Membership issued No:\_\_\_\_\_ valid from\_\_\_\_\_ to\_\_\_\_\_

Signature