

DISTRICT SCIENCE CENTRE

National Council of Science Museums Ministry of Culture, Govt of India Kokkirakulam, Tirunelveli – 627 009



Affix recent colour photograph

APPLICATION FORM FOR SCIENCE COMMUNICATOR AT DISTRICT SCIENCE CENTRE TIRUNELVELL

		ALL DISTINICT SCIENCE CE				
01	Name in Full (In Block Letters)					
02	Permanent Address with PIN		:			
	Present Address with PIN		:			
03	Phone / Mobile Number		:			
04	E-mail ID		:			
05	Date of Birth & Age (Attach Proof)		:			
	Place of Birth		:			
06	Father / Husband's Name					
07	Educational / Technical Qualifications (From SSLC / Matric)			(Enclose self-attested copies of Certificates and Mark Sheets)		
	Examination Passed	Board / University		Division / Grade	Year of Passing	Subjects
					-	
08	Do you have any relative working in NCSM? If so, give details.		:			
09	Do you have work experience? If so, give details.		:			
10	Whether undergoing any course of studies? If so, give details.		:			
11	Languages you can read, write & speak?		:	Read	Write	Speak

I hereby declare that the information furnished in the application is true and correct to the best of my knowledge and belief.

Date:

Signature & Name of the Candidate