

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 JUNIOR MENTOR OF INNOVATION HUB AT DISTRICT SCIENCE CENTRE TIRUNELVELI

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|----|---|--------------------|---|--|--------------------|----------|
| 01 | Name in Full (In Block Letters) | | | | | |
| 02 | Permanent Address with PIN | | | | | |
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| | 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 |
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| 08 | Do you have any relative working in NCSM? If so, give details. | | : | | | |
| 09 | Do you have relevant work experience? If so, give details and attach proof. | | : | | | |
| 10 | Whether undergoing any course of studies? If so, give details. | | : | | | |
| 11 | Languages you can read, write & speak? | | : | Read | Write | Speak |
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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