

Visvesvaraya Industrial & Technological Museum (National Council of Science Museum)

Kasturba Road, Bangalore - 560 001

FORM OF APPLICATION FOR TRAINEESHIP

1.	Name in full (in Block Letter	s) :									
2.	Address : Present	:									
	Permanent	:									
3.	Date and Place of Birth	:									
4.	Father's Name/*Guardian's name address & occupation	· ·	:								
5.	Are you a citizen of India by birth and /or domicile?										
6.	Particulars of all Examinatio if any and class in which pa	ns passed ssed :	d and degr	ee and tech	nical qu	ualificati	ons ob	tained.		+	
	Examination or Degree & Name of University	Class or Division		Subject taken				Year			
					*						
						3					
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7.	What Languages you can reand write or speak	ead :				*				W.	
8.	Contact No., if any	:	(Landline with STD Code)					(Cell N	0.)		
9.	List of enclosures :		(Landine with STD Code)					(001114	0.)		
	1.										
	2.										
	3.										
	* In case of married womer name of the husband may furnished.	the be		,		Candi	date's	Signatu	re		