

GOA SCIENCE CENTRE

(National Council of Science Museums) Marine Highway, Miramar Panaji – 403 001, Goa Space for affixing passport size photograph

FORM OF APPLICATION FOR TRAINEESHIP

1.	Name i		:				
	(in block letters)						
2.	Addres (a)	s in full Permanent Address :	:				
							e:
	(b)	Present Address :					
						Pin cod	e:
	(c)	Contact No. :		ile No:			
			Ema	il ld:			
3.	Date o	f Birth & Age as on 27	.07.20)22:			
4.	Father	's/Husband's Name:					
	Addres	ss :					
	Occupa	ation :					
5.	Caste/	belong to Scheduled Scheduled Tribe/OBC Yes' or 'No'. If yes, inc	?				
6.		lars of Educational Q					
	ination(s) issed	Name of School/College/Unive		of Marks obtained	obtained	Passing	
	1	2		3	4	5	6
7.		lars of Professional /	Techn		l p:		
	ination(s) ssed	Name of School/College/Unive	ersity	Percentage of Marks obtained	Division/Class obtained	Year of Passing	Subject(s) taken
	1	2		3	4	5	6
					1		
8.	-	ou any relative workir	_				
	Centre	ou any relative workir ? If Yes, please give	_				
8. <u>Note</u> (1) Ir	Centre :	•	details	3 :	supported by a	ttested cop	pies of certificates

I hereby declare that the information furnished in this application is true and correct to the best of

Candidate's Signature

disqualification for the Traineeship.

my knowledge and belief.

Date: