



KERALA STATE SCIENCE AND TECHNOLOGY MUSEUM

Vikas Bhavan P.O, Thiruvananthapuram

Phone: 2306024, 2306025

Application for Screening Test to Creative Summer Science Workshop 2016

JUNIOR BATCH (Class 3, 4, 5 completed)

Application No. (Office Use) :

Name of Student :

Male Female

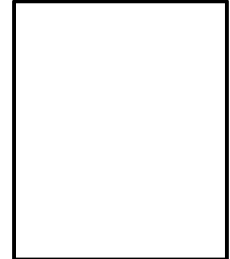
Age & Date of Birth :

Class & School of Study :

Name & Address Of Parent/Guardian :

Mobile & Land Phone Number :

E mail :



Batch Preferred (Please provide the Priority Option '1': Ist Priority, Option '2': IInd Priority, Option '3': IIIrd Priority, Option 4: IVth Priority)

Batch	Ist Batch (4 th to 16 th April)	IInd Batch (19 th to 29 th April)	IIIrd Batch (2 nd May to 13 th May)	IVth Batch (16 th May to 27 th May)
Priority Option				

I(name of parent) do hereby declare that my ward (Name of student) will abide by the rules and regulations stipulated by the Museum for the Creative Summer Science Workshop, if selected.

Place:

Date:

Signature of Parent/Guardian



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(To be returned back at the time of Registration)

Received the application of (name of ward).

Application No..... Category.....

NB: Please bring this slip at the time of entrance test scheduled on 26/03/16 9.30 am.

