

National Science Centre

(National Council of Science Museums)
Near Gate no.1, Pragati Maidan,
New Delhi- 110001.

Please affix passport size photograph here

Individual Membership Form

Name of intending member:				
Name of Father/Mother/Guar	rdian:			
Address:				
Name & Address of School:				
Class:	 Age:	Sex:	Nationality:	
	Contact no. s			
Contact Email ID (for commun				
Preferred days (Select one)		Saturday/ Su		
(Please note the admission wi	II be based on pr		·	
Please specify if you have any	•	• •		
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Date				
Place			(Signatu	re of Student)
Note:				•
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from any allergy/disease. (In o	ase the child is a	allergic, a medical certific	cate may be sent with the a	ipplication)
	500	055105 1165 0 511 V	(Signature of Pa	
The membership of Mr/Ms/can't be enrolled. The membership of Innovation	requisite fee o	of Rs.1,000 (Rupees	one thousand only) to	wards annual
		Signature of	Officer in charge of Innova	ition Space
Membership fee paid vide i	receipt no	dated		
His/her membership no. is:				

(For inquiries please contact *Officer In charge*, Innovation Space, Telephone no.011-23371945, 23371893, Fax no.011-23371263, Website:www.nscd.org Email: innovationnscd@gmail.com)