

STUDENT

S

DISTRICT SCIENCE CENTRE, TIRUNELVELI
(National Council of Science Museums, Ministry of Culture, Govt. of India)
Kokkirakulam, Tirunelveli – 627 009

Tel.No.0462 – 2500256 E-mail: dsodset@bsnl.in, sciencecentrenellai@gmail.com

RENEWAL / APPLICATION FOR MEMBERSHIP TO DSC(T) ACTIVITY CLUB

NAME (in Capitals) :

ADDRESS (with PIN Code) :

Paste your
PHOTO here

PHONE NO. :

E-mail :

NAME OF THE SCHOOL / COLLEGE :

CLASS OF STUDY ;

YOUR HOBBIES :

DATE:

SIGNATURE

Note: One stamp size photo to be enclosed along with this form for ID card.

If Renewal surrender your old ID Card.

(For Office use only)

Membership No. ST/20 / _____ Valid from _____ to _____

Signature of the Officer In-charge

Received Rs. _____ Vide Receipt No. _____ dt. _____

(Cashier)

(Please keep a Xerox copy of this form for your reference)

DISTRICT SCIENCE CENTRE, TIRUNELVELI
(National Council of Science Museums, Ministry of Culture, Govt. of India)

FAMILY

Kokkirakulam, Tirunelveli – 627 009

F

Tel.No.0462 – 2500256

E-mail: dsodset@bsnl.in, sciencecentrenellai@gmail.com

RENEWAL / APPLICATION FOR MEMBERSHIP TO DSC(T) ACTIVITY CLUB

NAME OF THE HEAD OF THE FAMILY (In Capitals) :

ADDRESS (with PIN Code) :

PHONE NO. :

E-Mail :

Paste your family **PHOTO** here

DETAILS OF FAMILY MEMBERS	:	<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
	01.			
	02.			
	03.			
	04.			
	05.			

PAYMENT DETAILS : Cash / DD / Cheque

DATE:

SIGNATURE

Note: One stamp size family photo to be enclosed along with this form for ID card.

If Renewal surrender your old ID Card.

(For Office use only)

Membership No. F/20 / _____ Valid from _____ to _____

Signature of the officer In-charge

Received Rs. _____ Vide Receipt No. _____ dt. _____

(Cashier)

(Please keep a Xerox copy of this form for your reference)

TEACHER

DISTRICT SCIENCE CENTRE, TIRUNELVELI
(National Council of Science Museums, Ministry of Culture, Govt. of India)
Kokkirakulam, Tirunelveli – 627 009

T

Tel.No.0462 – 2500256

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RENEWAL / APPLICATION FOR MEMBERSHIP TO DSC(T) ACTIVITY CLUB

NAME (in Capitals) :

SCHOOL ADDRESS (with PIN Code) :

PHONE NO. :

E-Mail :

EDUCATIONAL BACKGROUND :

PAYMENT DETAILS :

Paste your
PHOTO
HERE

DATE:

SIGNATURE

Note: One stamp size photo to be enclosed along with this form for ID card.

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(For Office use only)

Membership No. T /20 /_____ Valid from _____ to _____

Signature of the Officer In-charge

Received Rs. _____ Vide Receipt No. _____ dt. _____

(Cashier)

(Please keep a Xerox copy of this form for your reference)

INSTITUTION

DISTRICT SCIENCE CENTRE, TIRUNELVELI
(National Council of Science Museums, Ministry of Culture, Govt. of India)
Kokkirakulam, Tirunelveli – 627 009



Tel.No.0462 – 2500256

E-mail: dsodset@bsnl.in, sciencecentrenellai@gmail.com

RENEWAL / APPLICATION FOR MEMBERSHIP TO DSC(T) ACTIVITY CLUB

NAME OF THE INSTITUTION :

ADDRESS :

E-Mail :

NAME OF THE HEAD OF THE INSTITUTION :

DESIGNATION :

NAME OF THE CONTACT PERSON & TELEPHONE NO. :

NO. OF STUDENTS & STAFFS IN THE INSTITUTION :

PAYMENT DETAILS : Cash/DD/Cheque

DATE:

SIGNATURE WITH SEAL

Note: One stamp size photo to be enclosed along with this form for ID card.

If Renewal surrender your old ID Card.

(For Office use only)

Membership No. I /20 /_____ Valid from _____ to _____

Signature of the Officer In-charge

Received Rs. _____ Vide Receipt No. _____ dt. _____

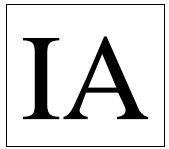
(Cashier)

(Please keep a Xerox copy of this form for your reference)

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RENEWAL / APPLICATION FOR MEMBERSHIP TO DSC(T) ACTIVITY CLUB

NAME :

ADDRESS :

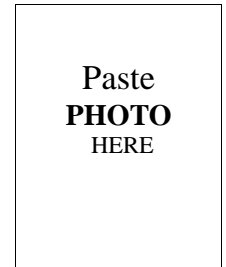
E-Mail :

PHONE NO :

PROFESSION :

EDUCATIONAL BACKGROUND :

PAYMENT DETAILS : Cash / DD / Cheque



DATE:

SIGNATURE

Note: One stamp size photo to be enclosed along with this form for ID card.

If Renewal surrender your old ID Card.

(For Office use only)

Membership No. IA/20 / _____ Valid from _____ to _____

Signature of the Officer In-charge

Received Rs. _____ Vide Receipt No. _____ dt. _____

(Cashier)

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Tel.No.0462 – 2500256

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C

RENEWAL / APPLICATION FOR CORPORATIVE MEMBERSHIP TO DSC(T) ACTIVITY CLUB

NAME OF THE INSTITUTION :

ADDRESS WITH PIN CODE :

PHONE NO :

E-mail :

EDUCATIONAL BACKROUND :

PAYMENT DETAILS : Cash / DD / Cheque

DATE:

SIGNATURE OF THE HEAD

(For Office use only)

Membership No. CO/20 / _____

Valid from _____ to _____

Signature of the officer In-charge

Received Rs. _____ Vide Receipt No. _____ dt. _____

(Cashier)

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