

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 Lette	ers) :						
2.	Address : Present	1						
	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 Examinati if any and class in which p	ons passed assed :	and degre	ee and technical o	qualification	ns obtained.		1
	Examination or Degree & Name of University	Class or Division		Subject taken			Year	(8)
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7.	What Languages you can and write or speak	read :			rei			
8.	Contact No., if any	:					4-100000	
9.	List of enclosures	:	(Landline with STD Code)			(Cell 1	No.)	
	1.							
	2.							
	3.							
	* In case of married womename of the husband mafurnished.				Candida	ate's Signatu	ire	