



Arunachal Pradesh Science Centre, Itanagar

A P State Council for Science & Technology



REGISTRATION FORM

SUMMER SCIENCE CAMP 2025

My Name is: _____



My Happy Birthday: _____



I Study in Class: _____



My Photo



My school name is _____



I Live in: _____



Name of my Mummy/Papa: _____



You Can Call in My Phone: _____ /



My Hobbies: _____

Parents Signature:

Parents Name:

Note for Parents:

- i. Please Provide Aadhar Card Xerox of your Child.
- ii. We Need 2 (Two) Pass Photo of your Child.

Jersey Size:

iv. For any queries please contact: 8755165988/9402685342