

REGISTRATION FORM

Arunachal Pradesh Science Centre, Itanagar
A.P State Council for Science & Technology
Summer Science Camp 2025(Senior)

Name: _____

Date of Birth: _____

Gender: _____

Class: _____

Jersey Size: _____

School Name: _____

Adress: _____

Hobbies: _____

Parents/Guardian Name: _____

Contact (WhatsApp): _____



Parents Signature

Note foe parents:

1. Please provide Aadhar card Xerox of your child.
2. We need 2(two) pass photo of your child.

For any quarries please contact: 8755165988/9402685342