



Arunachal Pradesh Science Center  
Arunachal Pradesh State Council for Science & Technology  
Dept. of Science & Technology, Govt. of Arunachal Pradesh



## Beyond the Byte Robotic Training

### REGISTRATION FORM

\*(Please fill the form in Clear Bold CAPITAL Letter)

Name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_

\_\_\_\_\_ Class: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone no: \_\_\_\_\_ / \_\_\_\_\_

#### Under taking

Sign of the candidate

I hereby declare to send my ward/child to attend the Robotic training with all my consent. And I shall encourage my ward/child to attend the training regularly and dedicatedly.

Sign of the Parents/Guardian

**Important Note:** We Require 2 pass photo; any document of Participant for Address and Age proof. Timing for Training (Tuesday to Saturday 3:00 pm to 5:00 pm), (Sunday 11:00 am to 5:00 pm) Monday off. For More Information contact 9366058090 / 8257892529 or visit our [website: www.apscst.org](http://www.apscst.org)

----- Not to be filled (For Official use Only) -----

The sum of Amount: \_\_\_\_\_

paid for Robotic Training by \_\_\_\_\_

on Date: \_\_\_\_\_

Mode of Payment:  Online  Offline

(Mentor)  
Innovation Hub, Itanagar