GOA SCIENCE CENTRE AND PLANETARIUM
MIRAMAR, PANAJI, GOA

APPLICATION FOR MEMBERSHIP OF THE INNOVATION HUB

PHOTO

Membership category
- ☐ Student
- ☐ Teacher
- ☐ Individual adult

(Please fill in the following in BLOCK letters)

Name: _____, Sex: _____

Date of Birth: _____, Age: _____

Address**:** _____

_____PIN: _____

Mobile No: _____ E-mail ID: _____

School Name: _____ Class: _____

Signature of the Applicant

DECLARATION

I**,**_____**,** father/mother/legal guardian of _____ hereby give my unconditional consent to my son/daughter/ward for joining the Innovation Hub of GSCP, Goa. I hereby certify that my son/daughter/ward is physically and mentally fit to take part in any activity that the Innovation Centre may plan and conduct. My son/daughter/ward is not suffering from any medical condition or allergy, except that which is mentioned in the enclosed medical certificate. GSCP, Goa will not be held liable for any accidents that may occur during the course of the activities being carried out.

Date: **Signature of Parent/Guardian**

Note: The admission will be based on prior confirmation only. Please fill this form and submit to the Education Department of Goa Science Centre, Miramar, Panaji Goa. Necessary membership fee will have to be deposited after the application request is accepted by GSCP, Goa.

Note: Membership is effective for one year from the Date of the payment of fees. Membership fee is subject to change.

For Office Use Only

Fee Details: Amount _____**,** Receipt No _____, Sign of Cashier _____

Membership No. _____ Effective period of membership: From _____ To _____

Admit as: Student, Teacher / Individual Adult

Signature of Membership Officer