

Roll No:



**SCIENCE CITY**  
(A unit of National Council of Science Museums)  
J.B.S. Haldane Avenue,  
Kolkata – 700046

Space for affixing passport size recent colour photograph with self-attestation

**APPLICATION FORM FOR TRAINEESHIP AT SCIENCE CITY, KOLKATA**

**Traineeship Applied for: TRAINEE (HORTICULTURE)**

**Stipend: ₹ 16,500/- per month**

1.	Name in Full (In Block letters)	:				
2.	Address in full a) Permanent Address	:				
					Pin:	
	b) Present Address	:				
					Pin:	
3.	Phone No. / Mobile No.	:				
4.	E-mail ID	:				
5.	a) Date of Birth (Enclose proof)	:				
	b) Place of Birth	:				
	c) Age	:				
6.	a) Father's / Husband's Name	:				
	b) Occupation (If dead, give last address)	:				
If retired from Govt. Service indicate whether Pensioner or Family Pensioner and if so, give particulars		:				
7.	Did you belong to SC/ST/OBC? State Yes/No and if yes, indicate caste & enclose copy of certificate	:				
8.	Are you Physically Handicapped? State Yes/No and if yes, enclose copy of certificate	:				
9.	<b>Educational &amp; Technical Qualification (Starting from Madhyamik/SSC) :</b> [Enclose copies of Certificates & Marksheets]					
<b>Examination passed</b>		<b>Board/University</b>		<b>Division/Grade</b>	<b>Year of Passing</b>	<b>Subjects Taken</b>
10.	Whether undergone Traineeship / Apprenticeship at any unit of NCSM? State Yes/No and if yes, give details	:				
11.	Do you have any relative working in the NCSM? If so, please give details	:				
12.	<b>Language(s) you can read, write or speak:</b>					
<b>Read Only</b>		<b>Speak Only</b>		<b>Read &amp; Speak</b>	<b>Read, Write &amp; Speak</b>	

I hereby declare that the information furnished in this application is true & correct to the best of my knowledge and belief.

Date:.....

.....  
Signature of the Candidate