

RAMAN SCIENCE CENTRE, NAGPUR

Application for concessional visit to the centre

Name of the School: _____

Address: _____

Telephone Number: _____ e-mail: _____

No. of Students: _____ No. of Teachers: _____ Total: _____

Date of Visit: _____ Time of Visit: _____

Date: _____

Signature: _____

Name: _____

Designation _____

FOR OFFICE USE ONLY

_____ Students/trainees and _____ staff of the above institution
may be permitted to visit the centre

(SIGNATURE OF DUTY OFFICER)