

**Science Summer School,
Institute of Life Sciences, Bhubaneswar
May 22nd to 25th, 2018**

Recent Photo

Name of Student (Capital): _____

Date of Birth: ____/____/____

Class: _____

Name of the School: _____

Parent(s) or legal guardian:

Name: _____

Address: _____

Home Phone: _____

Mobile No: _____

Work Phone: _____

Email: _____

Emergency Contact (Name): _____

Emergency Contact Phone Number: _____

Please arrange Pick and Drop for your Child

Name of the Individuals authorized to pick my children:

Parent/Guardian Signature: _____

Date Signed: _____

Name and Designation of the person forwarding the application (***if forwarded through school***): _____

Signature of the Principal (or representative) with seal: _____

NB: Please send a scanned copy of the filled registration form to scienceoutreach@ils.res.in **on or before 15th May, 2018**. Selected participants will have to pay INR 3000 by demand draft/ Cheque in favour of The Director, ILS, Bhubaneswar.