



INSPIRE INTERNSHIP -2018

(Innovation in Science Pursuit for Inspired Research)
[An Initiative of DST , Govt. of India]

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REGISTRATION FORM

1. Student 's Name _____
 2. Email _____
 3. Gender' (Male/ Female) _____
 4. Father's Name _____
 5. % Marks/ Grade in class X Board Examination _____
 6. Class (XI) _____
 7. Medical / Non-Medical _____
 8. Name & Address of the College / School of present study of the Students

 9. Address of the student for correspondence _____

- School Telephone Number _____ Fax No. _____
Students / Parent Mobile _____

Signature of the student

Certified that the above facts are true, as per the School records and to our best information.

Date:

Signature of the Principal

Seal of School/ College

PI. Submit this form to Dr. SUNIL PURI, Dean Academics Affairs cum – Registrar, Shoolini University, Near Head PO, The Mall, Solan (HP)-173212