



Photograph

### APPLICATION FORM - ROBOTICS

|                                  |  |
|----------------------------------|--|
| <i>Name of the Student</i>       |  |
| <i>Educational Qualification</i> |  |
| <i>School / College Name</i>     |  |
| <i>Academic Year</i>             |  |
| <i>DOB &amp; Age</i>             |  |
| <i>Phone / Mobile</i>            |  |
| <i>E-Mail</i>                    |  |
| <i>Address</i>                   |  |

Student's Signature

For Office Use Only

|                        |  |              |
|------------------------|--|--------------|
| <i>Robotics Level</i>  |  |              |
| <i>Date of Joining</i> |  | <i>Fee :</i> |
| <i>Batch</i>           |  |              |

Admin Signature