



VISVESVARAYA INDUSTRIAL & TECHNOLOGICAL MUSEUM
 (National Council of Science Museums, Ministry of Culture, Govt. of India)
 Kasturba Road Bangalore – 560 001 080 – 2286 6200 / 2204 0224
 Email – vitmuseum@gmail.com, www.vismuseum.gov.in



MEMBERSHIP FORM FOR INNOVATION HUB/IDEA LAB

INSTITUTION

(Please Use capital/block letters)

1) Name of the institution

2) Postal Address with Pin code

3) Total No of students in the institution _____

4) Contact Phone No:

5) Email ID :

6) Preferred day **SATURDAY/SUNDAY** (tick any one)

7) Preferred Session (tick any one)

Morning (10-30AM to 1.00Pm) () **Afternoon** 2.30 PM to 5.00 PM ()

Date :

Name & Signature of Head of Institution

For Office Use only

Please receive Rs. _____ (Rupees _____ only)
 towards the membership fee of Innovation Hub of VITM.

Signature

Received Rs. _____ (Rupees _____ only) towards
 the membership fee of Innovation Hub of VITM vide receipt No: _____

dt _____ Signature _____

Membership issued No: _____ & Category valid from _____ to _____

Signature