



Format for submission of the request by Institution (Schools/Colleges/University) to visit JNCASR

SL. No.	Content	Details
1.	Name of the College / School/University Address:	_____ _____ _____
2.	Name of the Coordinator from College / School Mobile no.: Email id:	_____ _____ _____
3.	Proposed Visiting Date (s) and Duration	
4.	No. of Participants: (List with gender and category to be enclosed)	(a)No. of Students: ____ Male ____ Female ____ (b)No. of Teachers: ____ Male ____ Female ____
5.	Category:	Students: Gen- __ OBC- __ SC- __ ST- __ EWS-__ PwD- ____ Teachers: Gen- __ OBC- __ SC- __ ST- __ EWS-__ PwD- ____
6.	<u>Area (s) of Interest:</u> Please Tick (✓) a. Physics <input type="checkbox"/> b. Chemistry <input type="checkbox"/> c. Biology <input type="checkbox"/> d. Engineering <input type="checkbox"/>	
7.	Lunch/Snacks on a payment basis	YES / NO
8.	If visited JNCASR earlier, please provide the date of the visit	

Date: _____

Signature of the Principal/HOD

Name: _____

Seal: _____
