

Format for submission of the request to visit JNCASR under the Student Buddy Programme (SBP) for class XI & XII students

SL. No.	Content	Details
1	Name of the School: Address:	_____ _____ _____
2	Name of the Coordinator from the School Mobile no.: Email id:	_____ _____ _____
3	Proposed Visiting Date:	
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	If visited JNCASR earlier, please provide the date of the visit	

Date: _____

Signature of the Principal/HOD

Name: _____

Seal: _____
