

APPLICATION FORM Overseas Science Education Programme of NSF (OSEP)

Ту	ype of the programme
a)	Participation at Intel ISEF
b)	Participation at International Olympiad
c)	Science Competitions
d)	Science Fairs
e)	Training programmes on Science education / science popularization
f)	Seminars / Conferences related to science education and science popularization
g)	Other (subjected to the approval of the NSF)
	Specify:
De	etails of the applicant
a)	Name and address of the applicant:
b)	Contact No (mobile):
c)	Email:
d)	Fax No. (Office:):
e)	Category of applicant (valid identification should be provided)
	i. School children (Grade 09 upwards)
	ii. Teacher (STEM)
	iii. Undergraduate
	iv. National Coordinators/ Team leaders
f)	Name and address of the School / University:
g)	Registration No of the Society (SSS / USS):
<i>-</i> ′	
	a) b) c) d) e) f) a) f) f)

3. Details of the Programme		
a) Title of the Programme (full deta	ails to be attac	ched):
b) Country:		
c) Venue:		
d) Duration:		
e) Dates:		
f) Total funds requested (attach sup	portive evide	ences):
4. Funds requested for (please pla	ace a tick ma	rk where appropriate)
Category		Expected amount (Rs.)
Airfare		
Food and Accommodation		
Participation fees		
Other (please specify)		

5. Signature						
School children:	Teachers:	Undergraduates:	National Coordinators / Team leaders:			
Signature:	Signature :	Signature :	Signature:			
Bank, branch and Account number of the School Development Society (SDS) – valid identification should be provided.	Bank, branch and Account number of the teacher — valid identification should be provided.	Bank, branch and Account number of the student – valid identification should be provided.	Bank, branch and Account number of the grantee – valid identification should be provided.			
Principal:	Principal:	Senior Treasurer:	President of the institute:			
Signature and rubber stamp	Signature and rubber stamp	Signature and rubber stamp	Signature and rubber stamp			
Date:	Date:	Date:	Date:			
6. Recommendation o Education	f the Zonal Director of	6. Recommendation of the Dean				
Name:		Name:				
Signature and rubber st	amp:	Signature and rubber stamp:				
Date:		Date:				