

STATE COUNCIL OF SCIENCE, TECHNOLOGY & ENVIRONMENT

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MEGHALAYA

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(An Autonomous Body of the Government of Meghalaya for Promotion of Science & Technology)

Meghalaya State Housing & Financing Cooperative Society Ltd., Nongrim Hills,
Behind Bethany Hospital, Shillong -793003



No. CST 2/2017/26

Dated Shillong, the 13th February, 2017

ADVERTISEMENT

Vigyan Prasar an autonomous Institute under Department of Science and Technology, Govt. of India and State Council of Science, Technology & Environment (SCSTE), Meghalaya is going to organize a young talent programme "Sci - Connect" specially for the North Eastern States of India. The students of 8th -9th classes are eligible to participate and they can register themselves on or before 20th February, 2017. Registration form may be collected from the Office of the undersigned or may be downloaded from website w.w.w.vigyanprasar.gov.in. The filled up forms may be submitted to the Office of the undersigned or scan copy may be emailed to stcouncilmegh@yahoo.com. The language of the programme will be in English.

For details please visit Vigyan Prasar website w.w.w.vigyanprasar.gov.in.

(Dr. B. D. R. Tiwari, IAS)

Member-Secretary

State Council of Science Technology & Environment
Meghalaya

Copy to:

1. To the Director, Directorate of Information and Public Relation, Govt. of Meghalaya. He is requested to kindly publish the above 'Notice' in 1 English newspaper and 1 Khasi newspaper in the next issue at 3 clms. x 14 cms. (middle - page) at DIPR's rate.
2. To the Director, _____/AIR/DDK, Shillong for kind information and necessary action.

REGISTRATION FORM

1. Name of Student:
2. Name of School:
3. Student Address and contact number:
4. Coordinating Teacher Name:
5. Address and contact number:

I age..... wish to register as participant for the Sci-Connect program. I will abide all rules regulations of the competition.

Place:

Signature of Student

Date:

REGISTRATION OF SCHOOL

1. Name of School:
2. Address of School:
3. Principal Name and contact number/Email:

I wish to register as _____participants for the Sci-Connect program from the School_____. I will ensure screening of films provided per schedule to students of my school. I will abide all rules regulations of the competition.

Place:

Signature of Principal

Date: