

**HOMI BHABHA CENTRE FOR SCIENCE EDUCATION**  
**TATA INSTITUTE OF FUNDAMENTAL RESEARCH**

**Graduate Course in Science Education**

**Registration Form**

Name of the Student: \_\_\_\_\_

Name of the Course: \_\_\_\_\_

\_\_\_\_\_

Course Number: \_\_\_\_\_

Credit(s) on successful completion: \_\_\_\_\_

Course Duration:

From (month, year) \_\_\_\_\_ to (month, year) \_\_\_\_\_

Student's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Course Instructor:

Name : \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_