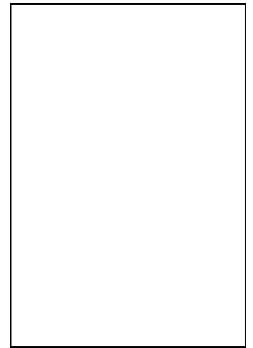




ADMISSION / REGISTRATION FORM
SESSION - 20 _____



Recent Photograph of the
candidate

To be filled by Candidate

FULL NAME

PARENTS / GAURADIANS NAME

ADDRESS

CONTACT NO.

EMAIL ID

GENDER

EDUCATIONAL QUALIFICATION

APPLYING FOR FINE ARTS/MUSIC/DANCE

PREVIOUS QUALIFICATION (IF ANY)

(IN FINE ARTS/MUSIC/DANCE)

NAME OF SCHOOL

NAME OF UNIVERSITY

(COPY OF CERTIFICATE TO BE PROVIDED)

Full Signature of the Candidate

Signature of Parent/Guardian

To be filled by Officials

KM ROLL NO. ASSIGNED

BRANCH

SESSION

REGISTRATION NO. OF THE CENTER

Signature of the Center holder

Seal of the Center