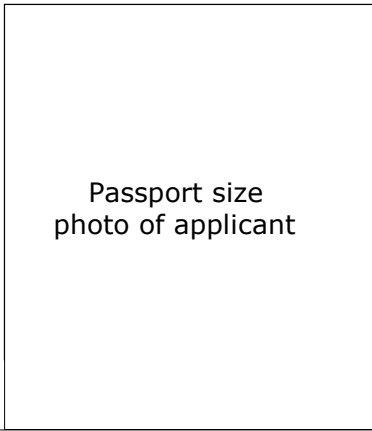




Thiruvanniyur, Chennai 600041

Application for Admission to Full Time Diploma Course



Passport size photo of applicant

PLEASE FILL UP THE ENTIRE FORM IN

B | L | O | C | K | L | E | T | T | E | R | S | O | N | L | Y

1. Name of the student :
(Correct name as per the S.S.L.C mark sheet)

2. Date of Birth : D | D | | M | M | | Y | Y | Y | Y

3. Nationality :

4. Religion :

5. Gender :

6. Whether SC/ST/OBC :
(if yes enclose copy of the certificate from competent authority. Please note BC or MBC certificate is not valid if you claim OBC)

SC	ST	OBC	OC

7. Mother Tongue :

8. Name of Parent / Guardian in full :
(Kindly enclose the passport size photograph)
Father :
Mother :

Guardian :

9. Home Address of Parent/Guardian :

Passport Photograph of the parent / Guardian	Passport Photograph of the parent / Guardian
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State :
Country :
Pin code :

10. Profession of Parent/Guardian :

11. Annual income of the ParentGuardian :

12. Home Tel. No. of Parent / Guardian :

13. Office Tel. No. of Parent / Guardian :

14. Mobile No : _____

15. Official Address of Parent / Guardian : _____

State : _____

Country : _____

Pin code : _____

16. E-mail id (Compulsorily to be given) Parent : _____

Guardian : _____

Student : _____

17. Details of Educational Qualification :
(Attested photocopy to be enclosed)

Sl. No.	Course	Month and Year of Passing	Name of the institution / Board / University	Place / State
1.	SSLC or its equivalent			
2.	HSC or its equivalent			
3.	Diploma or its equivalent			
4.	Bachelors degree or its equivalent			

18. Main Subject of study in Kalakshetra:
(Dance / Vocal / Veena / Violin / Mridangam / Flute / Visual Arts)

19. Do you wish to stay in the hostel? Yes / No

I hereby declare that all the information stated above by me is true to the best of my knowledge and belief, and in case of any wanton suppression or prevarication of facts, I am liable for any penal action that the Kalakshetra administration may deem fit. I also confirm that, I have studied and understood the rules and regulations laid down by Kalakshetra Foundation and I will abide by them at all times.

Signature of Student

Signature of Parent/Guardian

Date:

Kalakshetra Foundation

Thiruvannamiyur, Chennai-600041. India. Phone: +91-044-24521169, Fax: +91-44-24524359, Email: registrar@kalakshetra.in

Local Guardian Details

FORM '1A'

Application for Admission

to Full Time Diploma Course



Applicant's Name

1. Name of Local Guardian

(Kindly enclose a Passport size photograph)

2. Relationship of the Student

3. Home address of Local Guardian

(Kindly enclose a photocopy of
Identify Proof. i.e.
Driving license/Ration card/Passport, etc)

4. Mobile Number of Local Guardian +

(Country Code)

(Area Code & Telephone No.)

5. E-mail ID of Local Guardian

@

Signature of Parent/Guardian

Signature of Student

Kalakshetra Foundation

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Medical Details of Applicant

FORM '1B'

Application for Admission
to Full Time Diploma Course

Applicant's Name

1. Blood Group

2. Height (in Cms)

Cms

3. Weight (in Kgs)

Kgs

4. Are you currently suffering from any serious illness or injury?
If 'YES', please give details

YES

NO

5. Are you currently under any treatment or medication?
If 'YES', please give details

YES

NO

6. Were you previously suffering from any illnesses or injuries?
If 'YES', please give details

YES

NO

7. Were you ever admitted into any hospital?
If 'YES', how many times?
If 'YES', what was the reason for the last admission?

YES

NO

8. Do you have any allergies?
If 'YES', please give details

YES

NO

9. Any other relevant medical details?

Signature of Student

Signature of Medical Officer

Kalakshetra Foundation

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Applicant's Name

1. PASSPORT DETAILS

(Kindly enclose a photocopy of the passport)

- (a) Passport No. :
- (b) Passport Date of Issue : D D M M Y Y Y Y
- (c) Passport Date of Expiry : D D M M Y Y Y Y
- (d) Passport Place of Issue :

2. VISA DETAILS

(Kindly enclose a photocopy of the passport)

- (a) Type of Visa :
(i.e. student visa, tourist visa, etc.,)
- (b) Visa date of Expiry : D D M M Y Y Y Y

3. SCHOLARSHIP DETAILS (if any...)

- Scholarship Name :
- Duration of Scholarship : Years :
Months :
- Phone Number : +
(Country Code)(Area Code & Telephone No.)
- E-mail ID :
- Contact Address :

- State :
Country :
Pin code :

CD/DVD DETAILS

Enclose a CD/DVD (and photographs if available) demonstrating your ability.

Signature of Student



CHECK LIST FOR ENCLOSURE

1. Passport size photograph of the student and of the parent should be enclosed with the application form.
2. Proof of date of birth.
3. Passport size photograph of the local guardian.
4. Identification proof for the local guardian.
5. Copy of attested educational qualification certificate.
 - i. Mark sheets.
 - ii. Course completion certificate
6. Demand draft for Rs.500/- (Rupees Five Hundred only) should be enclosed by the students along with the application form who has downloaded from website as application fee. (DD should be in the name of "College of Fine Arts" payable at Chennai.)
7. Form 1-B, duly signed by a medical officer giving medical details of the student.
8. Form 1-C, necessary documents for medical insurance.
9. **Only for foreign students:**
 - a) Copy of the passport.**
 - b) Type of Visa.**
 - c) CD - DVD - demonstrating the student's ability.**

Foreign students should submit the following details translated in English (if the original is not in English) certified by the authorities of the institution last attended along with the copies of original certificates of other languages
 - d) Mark sheets.**
 - e) Course completion certificate**

Note: Original certificates are to be produced at the time of interview.

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