



Rukmini Devi College of Fine Arts  
Thiruvanmiyur, Chennai-600041

**Application for admission to four years Diploma Course**

**Main subject opted for study ( Select one )**

- Bharatanatyam
- Carnatic Vocal :
- Mridangam :
- Violin :
- Veena :
- Flute :
- Visual Arts

Candidate's  
passport Size  
Photo

**Allied subjects :**

- If Bharatnatyam/ Mrudangam / Violin / Veena / Flute / Visual Arts is opted as Main subject Carnatic Vocal will be the Allied subject
- If Carnatic Vocal is opted as the Main subject choose any one of the following as the Allied subject

- Mridangam :
- Violin :
- Veena :
- Flute :

**Please fill up the entire form in Capital letters**

1. Name of the student :

2. Date of Birth :

3. Nationality :

4. Gender :

5. Mother Tongue :

6. Whether SC/ST/OBC (✓ the relevant box) :  
(if yes attested copy of the certificate to be enclosed )  
( BC& MBC Certificates are not valid to claim OBC)

SC	ST	OBC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Address of Parent / Guardian : Residence :

Office :

8. Contact No. of Parent/Guardian Residence :

Office :

Mobile :

9. E. mail ID Parent : \_\_\_\_\_

Guardian : \_\_\_\_\_

Student : \_\_\_\_\_

10. Details of Educational Qualification ( Attested copies of certificates to be enclosed)

<b>Sl. No.</b>	<b>Course</b>	<b>Month &amp; Year of Passing</b>	<b>Name &amp; address of Institution/Board/University</b>	<b>% of Marks &amp; Grades</b>
1.	X or its equivalent			
2.	XII or its equivalent			
3.	Diploma or its equivalent			
4.	Bachelor degree or its equivalent			

11. Whether hostel accommodation needed : Yes/No

I hereby declare that all the information furnished above 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 read the prospectus and understood the rules and regulations laid down by Kalakshetra Foundation and I will abide by them at all times.

Date:

Signature of Parent/Guardian

Signature of Student

**Application for Hostel accommodation**

1. Applicant's Name :
2. Name of local guardian (in Chennai) :
3. Relationship with the student :
4. Residential address of local guardian :  
(enclose a copy of adhaar card)
5. Mobile number of local guardian :
6. E-mail ID of Local guardian :
7. Photo of local guardian :

Date :

Signature of Parent/ Guardian

Signature of Student

**Additional information to be furnished by Foreign Students**

Applicant's Name :

**1. PASSPORT DETAILS**

( Enclose a copy of the passport)

(a) Passport No. :

(b) Date of Issue : D D M M Y Y Y Y

(c) Date of Expiry : D D M M Y Y Y Y

(d) Place of Issue :

**2. VISA DETAILS**

( Enclose a copy of the Visa)

(a) Type of Visa :

(b) Date of Issue : D D M M Y Y Y Y

(c) Date of Expiry :

**3. SCHOLARSHIP DETAILS ( if any )**

(a) Name of the Scholarship :

(b) Duration of Scholarship :

**Contact details of Scholarship issuing authorities**

Mobile number :

E-mail ID :

Contact Address :

**You Tube Link**

Kindly upload your performance demonstrating your ability on YouTube and furnish the details of the link

Signature of Parent / Guardian

Signature of student

**Details of Medical Insurance**  
(To be furnished by all students)

Applicant's Name :

Do you have medical insurance? YES / NO

(If 'YES', Provide details below and enclose a copy of the policy)

**Primary Medical Insurance**

Name of the Company :

Policy Number :

Date of Expiry :

Phone Number of the insurance company:

**Secondary Medical Insurance (if any)**

Name of the Company :

Name of the Primary Policy holder :

Policy Number :

Date of Expiry :

Phone Number of the Insurance company :

Date :

Signature of Parent/ Guardian

Signature of student

**Student Medical Report Form 2019-2020****Name of the Student :****Student's Health History**

Blood group :

Height (in cms): -----

Weight (in kgs) : -----

Do you wear glasses or contact lenses?

Yes / No

(If yes, enclose a copy of your prescription or formula)

Are you presently under medical care for a physical or mental health problem?

Yes / No

If yes, describe the problem (s) and treatment

List all medicines that you are taking (include those prescribed by a health professional as well as any other counter medications, vitamins and / or herbal supplements). Include name and dosage

History of serious illness or injuries (include dates) :

History of surgery or hospitalizations (include dates) :

Have you ever been cared for by a mental health clinician?

Yes/No

Have you ever been hospitalized for a mental health concern?

Yes/No

Have you ever had a period of depression, anxiety or irritable mood?  
for most of the day, lasting for weeks?

Yes/No

Have you ever been unable to do your school work because of stress, anxiety?  
or depression?

Yes/ No

Have you ever been so upset that you have harmed yourself, or been afraid that?  
you might harm yourself

Yes/No

Have you ever felt very lonely or do you worry about being very lonely? Yes/No

**Allergies**

List any allergy to medications and describe the reaction on you :

List any food or environmental allergy and describe the reaction on you:

Are you presently taking any injection for allergy? Yes/No

If yes do you plan to continue those injections while attending RDCFA? Yes/No

If yes, give details

Have you ever had tuberculosis or had a positive tuberculosis test? Yes/ No  
(If yes, enclose a recent copy of a report for a chest X- ray taken upon or after the positive result)

Have you ever had close contact with anyone who was sick with tuberculosis? Yes/ No

Have you ever received tuberculosis therapy? Yes/ No

If yes, provide information about therapy: commenced on -----ended on-----

Does the student exhibit cough, fever, chills, night sweats, or weight loss? Yes/ No

If yes, please describe

Signature of Parent/Guardian

Signature of the Student

**Note:**

Students should submit the following medical test reports in original during the time of interview.

1. **Blood- Lipid profile for Cholesterol, Sugar, Thyroid & BP**
2. **X- Ray for chest**
3. **Eye screening test reports**
4. **ENT fitness**
5. **Vaccination for Typhoid,Cholera& Hepatitis A,B& C**



## **CHECK LIST FOR ENCLOSURE**

### **A. DOCUMENTS**

1. Stamp Size photograph of Parent/Guardian & Student
2. Transfer Certificate from the previous School/College (Original)
3. Attested copies of marks and grade sheets
4. Course Completion Certificate
5. Demand draft for Rs.500/-drawn in favour of "College of Fine Arts" payable at Chennai to be enclosed by those students who have downloaded from the website
6. Annexures A,B,C,D ( Whatever is applicable )
7. Copy of the Passport & Type of Visa (For Foreign Students only)
8. **Medical Report Form**

### **B. MEDICAL TEST REPORTS**

1. Cholesterol
2. Blood Pressure & Sugar
3. X-ray for chest
4. T.B
5. Eye checkup
6. ENT fitness
7. Inoculation for Typhoid, Cholera and Hepatitis A,B & C

#### **Note:**

- All the students should submit the above mentioned documents only in English. If the Certificates are not in English, they should be translated in English & certified by the authorities of the institution last attended along with the copies of original certificates in other languages
- All the Certificates in original are to be produced during the time of Interview for verification.