



Applicant's Name

14. Official Address of Parent/Guardian

Business Name

Door No., Building Name

Road/Street

Locality

District

Town/City

State

Country

Pincode

15. E-mail ID of Parent/Guardian

@

16. Annual Income of Parent/Guardian

17. Academic Qualification of Student

(Kindly enclose copy of Pass certificate)

18. Educational Institution last studied

19. Address of the Educational Institution

Door No., Building Name

Road/Street

Locality

District

Town/City

State

Country

Pincode



Applicant's Name

20. Are you registered for any other course through correspondence? Yes | No |
(Please tick (✓) the appropriate box)

If so, provide name and address of institute

Name

Door No., Building Name

Road/Street

Locality

District

Town/City

State

Country

Pincode

21. Main subject of Study in Kalakshetra
(Dance/Vocal/Veena/Violin/Mridangam/Flute/Painting)

22. Second subject of Study
(Dance/Vocal/Veena/Violin/Mridangam/Flute/Painting)

23. Do you wish to stay in the Hostel? Yes | No |
(Please tick (✓) the appropriate box)

If 'Yes' fill up the FORM '1A'

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.

Date:

Signature of Student

Signature of Parent/Guardian

Principal's Remarks:

Kalakshetra Foundation

Local Guardian Details

FORM '1A'

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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)

Door No., Building Name

Road/Street

Locality

District

Town/City

State

Country

Pincode

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

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

Medical Details of Applicant

FORM '1B'

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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?

YES

NO

If 'YES', please give details

5. Are you currently under any treatment or medication?

YES

NO

If 'YES', please give details

6. Were you previously suffering from any illnesses or injuries?

YES

NO

If 'YES', please give details

7. Were you ever admitted into any hospital?

YES

NO

If 'YES', how many times?

If 'YES', what was the reason for the last admission?

8. Do you have any allergies?

YES

NO

If 'YES', please give details

9. Any other relevant medical details?

Signature of Student

Signature of Medical Officer

Kalakshetra Foundation

Medical Insurance Details

FORM '1C'

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Application for Admission
to Full Time Diploma Course



Applicant's Name | | | | | | | | | | | | | | | | | | | | | |

1. Do you have medical insurance? YES | | NO | |
(Please tick (✓) the appropriate box)

If 'YES', provide details below and enclose copy of policy

2. Provide medical insurance details below for primary and secondary policies

Primary Medical Insurance

Name of the Company | | | | | | | | | | | | | | | | | | | | | |

Policy Number | | | | | | | | | | | | | | | | | | | | | |

Date of Expiry | D | D | | M | M | | Y | Y | Y | Y |

Phone Number + | | | | | | - | | | | | | | | | | | | | | | | | | | | | |
(Country Code) (Area Code & Telephone No.)

Secondary Medical Insurance (if any)

Name of the Company | | | | | | | | | | | | | | | | | | | | | |

Name of the Primary Policy holder | | | | | | | | | | | | | | | | | | | | | |

Policy Number | | | | | | | | | | | | | | | | | | | | | |

Date of Expiry | D | D | | M | M | | Y | Y | Y | Y |

Phone Number + | | | | | | - | | | | | | | | | | | | | | | | | | | | | |
(Country Code) (Area Code & Telephone No.)

Signature of Parent

Signature of Student

Kalakshetra Foundation

Foreign Student Details

Not Applicable for Indian Residents
FORM '1D'

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to Full Time Diploma Course



Applicant's Name

1. PASSPORT DETAILS

(Kindly enclose a photocopy of the passport)

(a) Passport No.

(b) Passport Date of Issue

(c) Passport Date of Expiry

(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

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

Door No., Building Name

Road/Street

Locality

District

Town/City

State

Country

Pincode

4. CD/DVD DETAILS

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

Signature of Student

Kalakshetra Foundation

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

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 educational qualification certificate.
6. Demand draft for Rs.110/- 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.**

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

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