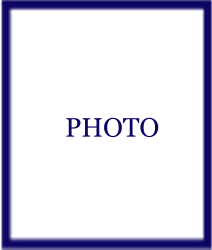


APPLICATION FORM



Name:-.....

Male Female Date of birth:-/..../..... Age:-.....

Residential Address:-.....

Father's Name:-Occupation:-

Mother's Name:-Occupation:-

Mobile of parents:-..... Mobile of child if any:-

E-mail:-

Educational Qualification:-

Nationality:- Blood Group

Martial Status:- Single Married Fees

Hobbies/Interest:-

Any Medical Issue:-

How did you find about us:-.....

Singing Modelling Acting Dancing

Date:-/...../..... Batch Name:-.....

Student's Signature

Guardian's Signature

Academy Authority