



Registration

Roll No. _____

Name of Candidate

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Name of parent / guardian

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Occupation of Parent / guardian _____

Date of Birth Date Month Year

Place of Birth _____

Language Spoken _____

Language written _____

Any exposure or previous experience in media

Academic Qualification _____

Present Address _____

Land line No. _____

Mobile No. _____

REFERENCES

1. Name _____
Relation _____
Ph. No. _____
Address _____

2. Name _____
Relation _____
Ph. No. _____
Address _____

ATTACHMENT TO REGISTRATION FORM

What do you know about your chosen discipline or course?

Which was the source, which gave you information about the course.

Tick out for information

News paper Ad.

Radio Ad.

Television Ad.

Some one from media

Mouth publicity

News paper handouts

Hostel facility required **Yes / No**

Have you ever acted before

Have you ever dance still photography

Do you have a digital Camera

Do you have a Video Camera