



The Institute of Media & Performing Arts

24B Shakespeare Sarani, 3rd Flr. Kol - 17

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E-mail: skg.nits@gmail.com

www.skgnits.com

<b>Form no.</b>
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**ADMISSION FORM**

<b>Center</b>	<input style="width: 85%;" type="text"/>
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<b>Date</b>	<input style="width: 85%;" type="text"/>
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<b>Course applied for</b>	<input style="width: 70%;" type="text"/>
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<b>Session</b>	<input style="width: 70%;" type="text"/>
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AFFIX  
PASSPORT SIZE  
PHOTOGRAPH HERE

**APPLICANT'S DETAILS**

Name (in BLOCK LETTERS) \_\_\_\_\_ :

Father's / Guardian's name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Present Address: \_\_\_\_\_

Date of Birth: DD   MM   YY

Contact-1:    Mobile \_\_\_\_\_

Contact-2:    Landline \_\_\_\_\_

Contact-3:    E-mail \_\_\_\_\_

Academic Qualification: \_\_\_\_\_

Occupation: Service  Business  Self-employed  Student  Housewife

**DECLARATION**

I hereby declare that the particulars furnished above are true (supporting documents attached) to the best of my knowledge and belief. I have gone through the prospectus and agree to abide by the rules & regulations of the institute. I undertake the responsibility to pay the tuition fee (non-refundable in any circumstance) related to the course as per the schedule provided by the institute.

<b>SIGNATURE OF APPLICANT</b>

<b>SIGNATURE OF FATHER / GUARDIAN</b>