

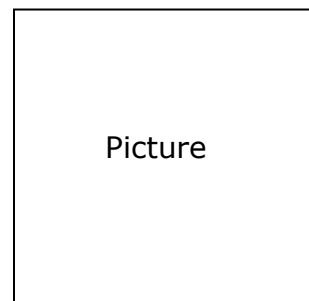
SAMYED CONSERVATORY OF INDIAN CLASSICAL MUSIC & DANCE

-NORTH AMERICA (SCICMD)

Managed by MADHYAM NON-PROFIT CHARITY ORGANIZATION

Application form for Kathak Exam

Total two pages of the form - Page - 1



Sir,

I wish to appear for the **Master of Kathak – Part -1** examination conducted by

SCICMD in April / Nov. 20 - -.

Detail information of the candidate:

1. Name : -----
(First) (Middle) (Last/Surname)

Note: Write your name exactly the way you want it to appear on the Certificate.

2. Mailing Address : -----,
(Street Name & number) (City) (State – Zip code)

3. Email Address : ----- 4. Phone contact: (Home) -----

5. Phone contact Cell: ----- 6.. Student's DOB : -----
(Month) (Day) (Year)

Give details of previous exam passed.

Xerox copy of BA Final certificates must be attached with the application.

Details of previous exam passed. Year and exam session : April/Nov -----(year), Roll # -----

Level of Exam passed ----- 6. Teacher/ Guru's Name: -----

7. Teacher/Guru's contact : Email ----- Phone: (-----) -----

Teacher/Guru's permission:

**I hereby give my permission to my student/disciple Mr/Ms. -----
to take this examination. I undertake that I have taught complete curriculum to my student.**

Signature of teacher/Guru -

seal / stamp of the institute

Undertaking of the candidate:

I hereby agree to follow all the rules and regulations of the institute in this regards.

All the information provided in this form is correct. I have enclosed the form fee by check # -----

Sincerely

Date: -----

(Signature of the student)

Make your check Payable to MADHYAM. (Take print out of this application form, sign it, put your pictures in all three boxes and mail the form to following address: MADHYAM: 17 Mattawang Drive, Somerset, NJ 08873.

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Picture

Student's Entry ticket to examination room/hall.

Mr./Ms.(Student's name) : ----- is allowed to take

Exam of **Master of Kathak – Part -1** in April/ Nov. 20 - -

Student's Roll Number : -----

(New roll # will be allotted here by office)

Student's signature : -----

(student should sign here at the time of filling the form)

Cut Hear

Upper part to be given students and Lower part to be given to the practical examiner by the coordinator.

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Total two pages of the form - Page - 2

Picture

Practical Examiner's Report slip :

Sir,

I hereby certify that I have conducted **Master of Kathak – Part -1**

Exam of Mr./Ms. ----- as per the rule.

Student's Roll # -----

(To be filled by the office only)

Location of the practical exam: -----

(Street # &name)

(City)

State - Zip code

Name of Examiner : ----- Date of Exam -----

Signature of Examiner

(to be taken at the time of Practical exam)

Student's Signature

(Student will sign on the above line at the time of practical exam)

Examiner should send all the report slips to the Board along with result sheet.