

# **SAMVED 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

Picture

Sir,

I wish to appear for the **Visharad Pratham/Bachelor of Kathak – Part -1** examination conducted by SCICMD in April/Nov.20 - -.

Detailed 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 previous 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 regard.

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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**Hall ticket for Visharad Pratham/Bachelor of Kathak – Part -1 Kathak Exam**

Picture

Student's Entry ticket to examination room/hall.

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

Exam of **Visharad Pratham/Bachelor of Kathak – Part -1** in April/ Nov.20 - -

Student's Roll Number: -----  
(For office use only)

Student's signature: -----  
(student should sign here at the time of filling the form)

**Cut Here**

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

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**Practical Examiner's Report slip-**  
**Visharad Pratham/Bachelor of Kathak-Part 1:**

Picture

Sir,

I hereby certify that I have conducted **Visharad Pratham/Bachelor of Kathak – Part -1**

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

Student's Roll # -----  
(For office use only)

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

Signature of Examiner

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 Institute along with result sheet.**