

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 **Kathak Parichay/ Introductory Level** 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)

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 Dirve, Somerset, NJ 08873.

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 - 2

Picture

Student's Entry ticket to examination room.

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

Kathak Parichay/ Introductory Level exam in Kathak subject in April/ Nov. 20 - - exam session.

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

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.

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 - 2

Picture

Practical Examiner's Report slip :

Sir,

I hereby certify that I have conducted **Kathak Parichay/ Introductory Level** Exam

in Kathak subject in April/ Nov. 20 session, at(location) center of

Mr./Ms. ----- as per the rule. Student's Roll # -----

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.