## 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

Sir,			
I wish to appear for the Prarambhik/Basic Lev	el examination conducted by SCICMD		
in April / Nov. 20			
Detailed information of the candidate:			
1. Name: (First) (Middle)  Note: Write your name exactly the way you			
	(City) (State – Zip code)		
3. Email Address:	4. Phone contact: (Home)		
5. Phone contact Cell:	6. Student's DOB: (Month) (Day) (Year)		
6. Teacher/ Guru's Name:			
7. Teacher/Guru's contact: Email	Phone: ()		
	disciple Mr/Ms		
Undertaking of the candidate: I hereby agree to follow all the rules and regula All the information provided in this form is corre Sincerely	ations of the institute in this regard. ect. I have enclosed the form fee by check #  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 Prarambhik/Basic Kathak Exam

Total two pages of the form – Page - 2

Picture	

Object on the Control the last the second second		
Student's Entry ticket to examination room.		
Mr/Ms(Student's name):	is all	lowed to take
Prarambhik/Basic Level exam in Kathak subject in	n April/ Nov.20 exam sess	ion.
Student's Roll Number: (For office use only)	Student's signature:(student should sign here at the time	
Cut Here Upper part to be given students and Lower part to be given to the	ne practical examiner by the coordinat	tor.
S <u>A</u> MVED CONSERVATORY OF INDI	AN CLASSICAL MUS	IC & DANCE
- NORTH AMER	ICA (SCICMD)	
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Practical Examiner's Report slip- Prarambhik/Basic- Kathak:		Picture
Sir, I hereby certify that I have conducted <b>Prarambhik/</b> I	Basic Level Exam	
in Kathak subject 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	
 (Stu	dent will sign on the above line at the	

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