

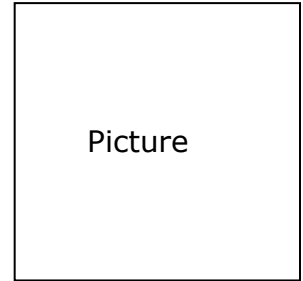
# **SAMVED CONSERVATORY OF INDIAN CLASSICAL MUSIC & DANCE**

## **-NORTH AMERICA (SCICMD)**

Managed by MADHYAM NON-PROFIT CHARITY ORGANIZATION

### **Application form for Tabla Exam**

Total two pages of the form - Page - 1



Sir,

I wish to appear for the **Master of TABLA – Final** 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 MA Part-1 certificate 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)

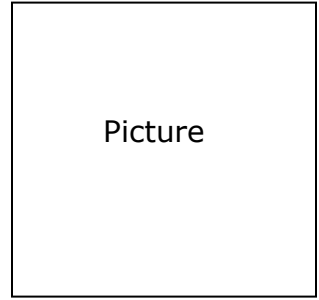
**Make your check Payable to MADHYAM.**  
Mailing address: MADHYAM: 17 Mattawang Drive, Somerset, NJ 08873.

**-NORTH AMERICA (SCICMD)**

Managed by MADHYAM NON-PROFIT CHARITY ORGANIZATION

**Application form for Tabla Exam**

Total two pages of the form - Page - 2



Student's Entry ticket to examination room/hall.

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

Exam of **Master of Tabla - Final** in April/ Nov. 20 - - -

Student's Roll Number : -----

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

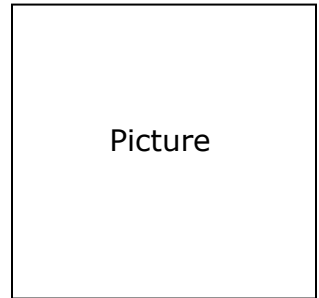
**SAMVED CONSERVATORY OF INDIAN CLASSICAL MUSIC**

**-NORTH AMERICA (SCICM)**

Managed by MADHYAM NON-PROFIT CHARITY ORGANIZATION

**Application form for Tabla Exam**

Total two pages of the form - Page - 2



Practical Examiner's Report slip :

Sir,

I hereby certify that I have conducted **Master of Tabla - Final** Exam

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

Student's Roll # -----

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.**