

# 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

Picture

Sir,

I wish to appear for the **Madhyama Purna/Diploma in Tabla** examination conducted by SCICM  
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 Email contact: \_\_\_\_\_

#### **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 Madhyama Purna - Diploma Tabla Exam

Total two pages of the form – Page - 2

Picture

Student's Entry ticket to examination room/hall.

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

**Madhyama Purna/Diploma in Tabla** exam to be conducted 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 Here

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

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Picture

### **Practical Examiner's Report slip- Madhyama Purna/Diploma:**

Sir,

I hereby certify that I have conducted **Madhyama Purna/Diploma in Tabla** 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.**