



Maharana Pratap Auditorium, Vidyashram Campus, Opp. O.T.S., K.M. Munshi Marg, Jaipur-15. Ph.: +91 7424887391, 141-2702006, 2707859, 2711291 (Extn. 265) | E-mail : bscc.jpr@gmail.com

S. No	REGISTR	ATION FORM	
Name of the Applicant:			A recent passport size photograph
Date of Birth (dd/mm/yy):		\ge :Sex :	
Father's Name :			
Profession:		Contact No.:	
Mother's Name			
Profession:		Contact No.:	
Residential Address :			
E-mail :		WhatsApp No.:	
(Photo copy required))			
Academic Qualification :			
Name of the School/ College/ C	Others:		
Discipline in which admission	is sought :		
Kathak Bharatnatyan	n Folk Dance	Hindustani Classical Vocal	Semi-Classical Vocal
Tabla Keyboard	<b>Guitar</b>	Instrumental Orchestra	<b>Dholak</b>
Flute Theatre	Sculpture	Drawing & Painting	
Courses:			
Certificate Found	ation 🔲 Junio	r Diploma Senior Diplo	ma

Previous Experience (if any)	
passing, Guru/Teacher, important performance/s, etc.) Use s	Dance, Theatre & Fine Art (mention examination passed, year of separate sheets, if necessary.
Any medical concerns of which we should be aware	e
Write something about yourself to know you better	r
<u>Declaration</u>	
I, declare that applying for admission with the consent of my pare	
I, declare that applying for admission with the consent of my pare	the particulars in this registration form are correct. I an ents/guardians. If admitted, I will abide by the rules and bmit to the discipline of the Bhavan's Suruchi Kendra. Name of Parent / Guardian
I, declare that applying for admission with the consent of my pare regulations of Bharatiya Vidya Bhavan, and will sub	ents/guardians. If admitted, I will abide by the rules and bmit to the discipline of the Bhavan's Suruchi Kendra.
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**Dr. Reema Goyal**Co-ordinator
Bhavan's Suruchi Kendra

Date:.....

Priyadarshini Kachhwaha
Consultant
Centre for Cultural & Social Activities

Receipt No.:..... Cheque / Cash:....