



School Name : _____

Affiliated by - Swarnachitra Shilpa Kala Niketan

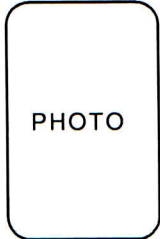
Painting Instrumental Music Vocal Music Recitation Dance Yoga

Email: _____

School / Org Address : _____

School / Org Contract Number : _____

Visit : www.swarnachitra.com
Admission Form



Reg No
.....

Subject

Date.....

1. Name of Candidate (in Block Letter)

2. Guardian Name (in Block Letter)

3. Date of Birth Sex

4. Nationality Language

5. Educational Qualification Phone No

6. Full Address

..... Date of Admission

Candidate Signatur

Signature Teacher incharge

Guardian Signatur

Branch City Dist



School Name : _____

Use Office :-

Affiliated by - Swarnachitra Shilpa Kala Niketan

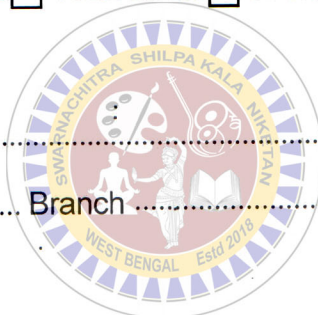
Painting Instrumental Music Vocal Music Recitation Dance Yoga

School / Org Address & Ph No : _____

Reg No

Name of Candidate Subject

Date of Admission Branch Date



Signature Teacher incharge