



# Kala - Vidya School of Visual Art

## कला - विद्या स्कूल ऑफ विज्युअल आर्ट

• Add.: 262, Bhimabai Rane BMC School, Raja Ram Mohan Roy Rd.,  
Opp. Central Cinema, Girgaon, Charni Rd.(E), Mumbai - 400 004.  
• Tel.: 2363 5586. • Tele-Fax.: 22-2363 6864  
• E-mail: kalasankul@gmail.com • Web.: kalavidyasankul.com

COLOUR  
PHOTO

Signature

To,  
The Principal  
Kala Vidya School of Visual Art  
Respected Sir,  
I wish to apply for admission to the

FORM NO.: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Code: \_\_\_\_\_

FILL THE FORM IN CAPITAL LETTERS ONLY

Full Name: \_\_\_\_\_  
Sumame First Name Father's / Husband's Name Mother's Name

संपूर्ण नाव: \_\_\_\_\_  
आडनाव पहिले नाव वडीलांचे / पतीचे नाव आईचे नाव

☞ AADHAR Card Number: \_\_\_\_\_

☞ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☞ Place of Birth: \_\_\_\_ ☞ Dist/State: \_\_\_\_\_

☞ Resi. Address: \_\_\_\_\_

☞ Pin No.: \_\_\_\_\_

☞ E-mail ID: \_\_\_\_\_ ☞ Ph. Resi./ Cell No.: \_\_\_\_\_

☞ Nationality: \_\_\_\_\_ ☞ Religion: \_\_\_\_\_ ☞ Cast: \_\_\_\_\_

☞ Mother Tongue: \_\_\_\_\_ ☞ Other Languages Known: \_\_\_\_\_

☞ Parents Occupation: \_\_\_\_\_ ☞ Cell No.: \_\_\_\_\_

☞ Off. Address: \_\_\_\_\_

☞ Pin No.: \_\_\_\_\_ ☞ Phone No.: \_\_\_\_\_

☞ Total Marks obtained at HSC /

its equivalent examination marks: \_\_\_\_\_ ☞ Out of: \_\_\_\_\_ ☞ Percentage: \_\_\_\_\_%

☞ Total Marks obtained at G. D. Art /

B. F. A. examination marks: \_\_\_\_\_ ☞ Out of: \_\_\_\_\_ ☞ Percentage: \_\_\_\_\_%

☞ Language for Exam: \_\_\_\_\_ ☞ Subject for Specialization: \_\_\_\_\_

☞ Hobby: \_\_\_\_\_

( I certify that the above particulars are true to the best of my knowledge & belief )

☞ Place: \_\_\_\_\_

☞ Date: \_\_\_\_\_ Applicant's Signature Parent's Signature

☞ Remark: \_\_\_\_\_

☞ Staff Name: \_\_\_\_\_ ☞ Staff Signature: \_\_\_\_\_

NOTE : FEES ONCE PAID WILL NOT BE REFUND