Ref no FOR OFFICIAL USE ONLY



Admission -F orm. wedding planning

Duration :1-month Full time 1st March -30th March 2015

Paste your one-Photograph here and attach another with pin

Applicant'sN ame:	
Fathers Name:	
Fathers Profession	
Postal Address:	
Postal Address:	
Postal Address:	
City:	PIN- CODE :
E-mail:	
Date Of Birth:	
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* Kindly attach photocopy * Educational	Level Board/University Main Subjects Name of the School/College Total Percentage GRAUDATD N
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Center for Research in Art of Film and Telev's ion" Payable at deh.i

I understand that feeo nce payed will not be refunded unders any circumstance.

Date:

Send this Application Formalo ng with bank draft to:

C enter for Research in Art of Flm and Television.

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