

Regn. No.

Date:     
DD MM YY

(To be filled at the time of registration)

Name:

Address:

PIN

Phone:

Date of Birth:     
DD MM YY

Sex:  Male  Female

Please affix  
your recent  
photograph

Parent/Guardian Name:

Education: (Please start from last qualification)

Institution	Degree/Diploma	Div./Rank	Subject	Year

Work Experience:

Organisation	From	To	Designation	Nature of Work

(Please enclose photocopies of the certificates in support of educational qualification and work experience)

Whether interested to join two months internship programme  Yes  No

Area of Interest :  Editing  Production  Sales & Marketing

Declaration :

I have read the course brochure and the terms and conditions. I agree to abide by them.

\_\_\_\_\_  
Signature of the Applicant

The questionnaire is enclosed.

