



SATYAJIT RAY FILM & TELEVISION INSTITUTE, KOLKATA
(AN ACADEMIC INSTITUTE UNDER THE MINISTRY OF INFORMATION & BROADCASTING, GOVT. OF INDIA)

ADMISSION 2017

APPLICATION FORM FOR 20 WEEK LONG COURSE IN SCREEN ACTING

PASTE ONE PASSPORT
SIZE PHOTOGRAPH

1.	Name of the Course	SCREEN ACTING
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2.	RESERVATION STATUS
	IF FROM RESERVED CATEGORY, SPECIFY CATEGORY; ENCLOSE CERTIFIED DOCUMENT

4.	APPLICANT'S PERSONAL DETAILS: [As appearing in School Leaving Certificate]							
	FIRST NAME		MIDDLE NAME		SURNAME		SEX	
							<input type="checkbox"/> Male <input type="checkbox"/> Female	
	DATE OF BIRTH			NATIONALITY		MOTHER TONGUE		MARITAL STATUS
	DAY	MONTH	YEAR					<input type="checkbox"/> UNMARRIED
							<input type="checkbox"/> Married <input type="checkbox"/> Single	

5.	APPLICANT'S ADDRESS:		E-mail		
	ADDRESS FOR COMMUNICATION			PERMANENT ADDRESS	
	Ph:			Ph:	

6.	NAME OF THE FATHER:		NAME OF GURDIAN: (IF FATHER IS NOT ALIVE OR NOT THE GUARDIAN)		
	PH:		PH:		

7.	ENCLOSURE CHECK LIST: (Tick appropriate box) IN CASE OF DOUBT, CALL 033-24329300 / 8355 / 8356 or EMAIL: sdasshama@srfti.ac.in			
	<input type="checkbox"/> ATTESTED COPIES OF GRADUATION CERTIFICATE		<input type="checkbox"/> CERTIFIED COPY OF RESERVATION CERTIFICATE (If applicable)	

I/WE solemnly affirm that the information given in this application is true to the best of my/our knowledge and belief. I/we understand that the decision of the Institute is final in regard to the admission and assignment to a particular course of study. If selected for admission, I/we promise to abide by the rules, regulations and directives as issued and also the extant byelaws of the Institute and to pay all applicable dues/fees and meet all necessary expenditure, regularly till the completion/discontinuation of the course.

PLACE: DATE:

[SIGNATURE OF THE APPLICANT]

DO NOT WRITE ANYTHING BELOW THIS LINE. OFFICE USE ONLY

APPLICATION NO. _____ DATE OF RECEIPT _____ DRAFT DETAIL: _____

ADMISSION CELL