Institute of Film, Television & Theatre

"Read Sahab Dharmshala", Betiahata Chawraha, Near Police Booth Gorakhpur - 273 001, Uttar Pradesh, India

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APPLICATION FORM

Name(Block Letters) (Mr./Ms.,		
Date of Birth		
Father's / Guardian's Name		
Present Residential Address		
Permanent Residential Addres	S	
Telephone no(s). / Email ID		
Mother Tongue		
Languages Known		
Educational Qualification		
(Please attach attested copies	to support the same)	
Occupation		
Annual Income		
Professional Experience(if any		
Preference for the course		
	DECLARATION BY THE APPLICANT	
Institute of Film & Television, stowards the academy as a st Television in all matters, shall	I agree to abide by the rules & regulations for admissibility ubmit myself to disciplinary control of the director are udent. I fully understand that the decision of Director and binding on me.	nd to fulfill my obligations
DatePlace	S	ignature of the Applicant
undertake that my ward will o		tute of Film, Television &
	-	•
	FOR OFFICIAL USE ONLY	
Roll No		
Admission is granted in	Course. Rs.	
(Rupees in word) have bee	n received in cash/by
	DateDrawn on	
Towards the course fee/hoste	charges.	