



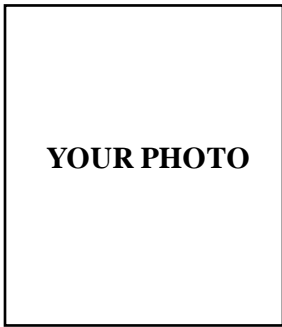
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REGISTRATION FORM

1. Your Name: _____

2. Date of Birth: _____ **Sex:** _____

3. Address: _____

4. Mobile: _____ **E-mail** _____

5. Educational Qualification: _____

6. Mother Tongue: _____

8. Languages you can speak _____

9. Languages you can read _____

10. Languages you can write: _____

11. Occupation: _____

3 Months Weekend Film Acting Course - May 2023

3 Months Evening Film Acting Course - May 2023

3 Months Regular Film Acting Course - May2023

12. Statement of Purpose to why you wish to take up this Acting course in 150 words

Signature:

Date: