****

**SANJALI CENTRE FOR ODISSI DANCE (BENGALURU)**

Admission form

Name of student:................................................................

Age- ……………………… D.O.B- ………………………..

Name of guardian/ Spouse-

...........................................................................

Profession…………………………………………………………..

(in case of a school or college student, kindly mention parent’s profession)

Email id: ( parents email id incase the student is below 14)…………………

………………………………………………………………………………………………………….

Address- ................................................................................................................................

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Phone(mobile)- ...................................................\_

Incase of any emergency, contact person:............................................. Phone………………………………………

Relation to Student- ……………………………………………………...

Previous guru/institute, years of training etc.-

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Where did you hear about the school? …………………………………………………………...

I agree to abide by the rules and regulations of Sanjali Centre for Odissi Dance

Name/signature......................................................

Date.........................................................................