

APPLICATION FORM FOR KATHAK / KINDERGARTEN CLASS



PADATIK DANCE CENTRE
(C E N T R E O F F I C E)
6/7, AJC BOSE ROAD, KOLKATA 700017.
12 TO 6 PM (EXCEPT SUNDAY & MONDAY)
PHONE : 22876087. FAX : 22813189.
EMAIL : padatik@gmail.com
Website : www.padatik.org

Please paste the
candidates Passport
size photograph here

NAME (IN BLOCK LETTERS)

ADDRESS

EMAIL ID

FATHER'S NAME

PHONE NUMBERS

AGE

DATE OF BIRTH

**PREVIOUS EXPERIENCE &
TRAINING (IF ANY GIVE
PARTICULARS OF SCHOOL
AND / OR GURU) :**

DECLARATION BY THE APPLICANT

1. I AGREE TO ABIDE BY THE RULES AND TO ATTEND THE SESSIONS OF THE CENTRE REGULARLY AND PUNCTUALLY FOR THE ENTIRE PERIOD.
2. I AM ENCLOSING Rs. _____ BY CHEQUE / CASH

DATE : _____

(SIGNATURE OF THE APPLICANT)

N.B. THE APPLICATION FOR ALONG WITH THE ENCLOSURES SHOULD BE SENT TO CENTRE OFFICE AND RECEIPT FOR THE PAYMENT SHOULD BE TAKEN.