## MAHATMA GANDHI INSTITUTE

Tel 403 2000 – Fax 433 2235

### **APPLICATION FORM**

### **ADVANCED CERTIFICATE COURSE IN PERFORMING ARTS**

#### **INTAKE 2025**

Su	bject:
1.	Surname (Block letters) Mr/Mrs/Miss
2.	Other Names (Block letters)
3.	Maiden Name (if applicable)
4.	Date of Birth Age Sex
5.	Address
6.	Nationality (if naturalised, give number & date of certificate)
7.	Married/SingleTel. No (Res)
	(Office)
	(Mobile)
	Fax No.
	E-Mail
8.	OccupationPlace of work & address
9.	Class attending (if student)
10.	. Name & Address of school
11.	. Name and address of Guardian (if under 18 years)
12.	. Centres – Tick as appropriate (✓)
Mo	oka Solférino Flacq Nouvelle France RTI Ile

# 13. Academic Qualifications

Course fee per annum Rs.750/-

	C.P.E	S.C/G.C.E 'O	S.C/G.C.E 'O' Level		H.S.C/G.C.E 'A' Level	
Passed or failed S.C Result	Subject Gre	ade Subject	Grade	Su	bject	Grade
Passed or failed S.C Result				Principal Level		
Passed or failed S.C Result						
Passed or failed S.C Result						
Passed or failed S.C Result						
Passed or failed S.C Result						
Other Qualifications  Other courses you are following at the Mahatma Gandhi Institute or other Institution  Institution  Course (State Full time or Part time)  Other Institution  Other Institution/s  Other Institution/s				Su	bsidiary I	Level
Other Qualifications  Other courses you are following at the Mahatma Gandhi Institute or other Institution  Institution  Course (State Full time or Part time)  Other Institution  Other Institution/s  Other Institution/s						
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Institution  Course (State Full time or Part time)  Other Institution  Other Institution  Other Institution  Other Institution  Other Institution/s	•••••	5.0 10 500.0		11.5.01		
MGI						
Other Institution/s		Course		Year	Year in	which course
	Institution	Course		Year	Year in	which course
		Course (State Full time or P	Part time)	Year Started	Year in will be	which course e completed
	Institution	Course (State Full time or P	Part time)	Year Started	Year in will be	which course e completed
	Institution	Course (State Full time or P	Part time)	Year Started	Year in will be	which course e completed
	Institution  MGI  Other Institution/s	Course (State Full time or P	Part time)	Year Started	Year in will be	which course e completed
	Institution  MGI  Other Institution/s  certify that the al	Course (State Full time or P	Part time)	Year Started	Year in will be	which course e completed
Date	Institution  MGI  Other Institution/s  certify that the all	Course (State Full time or P	Part time)	Year Started	Year in will be	which course e completed
DateSignature of Applicant/Guardian	Institution MGI Other Institution/s certify that the all	Course (State Full time or P	Part time)	Year Started	Year in will be	which course e completed
DateSignature of Applicant/Guardian  Photocopies of birth and educational certificates must be submitted along with the o	Institution  MGI  Other Institution/s  certify that the all  Date	Course (State Full time or P	Part time)	Year Started	Year in will be	which course e completed
DateSignature of Applicant/Guardian  Photocopies of birth and educational certificates must be submitted along with the c	Institution  MGI  Other Institution/s  certify that the all	Course (State Full time or P	Part time)	Year Started	Year in will be	which course e completed
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Receipt No: