



UNIVERSITY OF MUMBAI
ACADEMY OF THEATRE ARTS
IN COLLABORATION WITH
Kalapranang TRUST

Application Form for
Certificate Course in Dance for Special Students

1. Name of Applicant: (In capital) _____

2. Gender: _____

3. DOB: _____

4. IQ: _____

5. Nationality: _____

6. Category: _____

7. Father's Name: _____

8. Mother's Name: _____

9. Medium of instruction: _____

10. Mother Tongue: _____

11. Mobile No.: _____

12. Email ID: _____

13. Postal address: _____

Pincode: _____

14. Medical History: _____

15. Treatment Undergoing: _____

Signature of Applicant: _____

Date: _____ Signature of Parent: _____

For office use only

Admission Test on: _____

Admission Test Report: _____

Authorised Signatories: _____

Note: Please see that the form is neatly filled, preferably typed. Be precise and factual; give only relevant information. Applications incomplete in any respect will not be considered. Attach four passport size recent photographs of applicant and attested copies of supporting documents. Online application form will be accepted.