AKHILA BHARATHA KALA SADHANA PARISHAD

An ISO Certified International Examination Board for Indian Art & Culture

OFFLINE / POSTAL EXAMINATION APPLICATION FORM

For candidates who wish to submit the examination application by post.

Please complete the form accurately. Fields marked * are required. You may complete this form electronically or print and fill it in BLOCK LETTERS.

Affix a recent Passport-Size Photograph

1. STUDENT DETAILS

Student Full Name * _____

Date of Birth (DD/MM/YYYY) * _____

Parent / Guardian Name * _____

Contact Number * _____ Email Address _____

Gender: ☐ Male ☐ Female ☐ Other ☐ Prefer Not to Say

2. EXAMINATION DETAILS

Subject / Discipline Applying For * _____ Grade / Level Applying For * _____

Examination Year * _____ Examination Session* ☐ Annual ☐ Bi-Annual Examination Mode: ☐ Offline ☐ Online

3. GURU & INSTITUTION DETAILS

Provide the details of the Guru, Teacher or Institution through which the candidate is applying.

Guru / Teacher Name * _____

Institution / Academy Name _____

Institution Location (City / State) _____

4. PREVIOUS EXAMINATION / CERTIFICATION DETAILS

If applicable, provide details of any previous examination or certification relevant to this application.

Previous Certificate / Registration Number (SERN) (if applicable) _____

5. CANDIDATE CORRESPONDENCE ADDRESS

Full Postal Address * _____

_____ PIN Code: _____

6. ENCLOSURES (Enclose the documents required under the current examination notification)

☐ Previous certificate / examination record, if applicable

☐ Other documents as specified in the examination notification

Document / Enclosure Notes _____

7. DECLARATION & SUBMISSION

I confirm that the information provided in this application is true and accurate to the best of my knowledge. I understand that submission of this form does not by itself confirm examination registration and that the application is subject to document verification and approval by SADHANA.

☐ I agree to the above declaration.

8. CANDIDATE SIGNATURE

Candidate Signature: _____ Date: _____

9. POSTAL SUBMISSION

After completing the form and attaching the documents required under the current examination notification, send the application by post to the SADHANA office at the postal address specified in the current examination notification.

10. FOR OFFICE USE ONLY

Application No.	**Date Received**
_____	_____
Fee Status / Reference	**Document Verification**
_____	_____
Remarks	**Office Use / Notes**
_____	_____

Office note: Use the current examination notification for the applicable fee, required documents, postal address, deadlines and any additional instructions.

ABKSP / SADHANA — Examination & Certification

Website: www.kalasadhana.org

Please retain a copy of the completed application for your records.