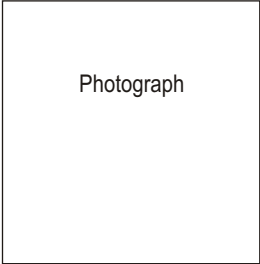




Darpan Theatre & Cine Arts

Entertainment with Substantial Content



Name: _____

Contact info.: Tel.(Resi.)-----Tel.(Off.)-----

Cell-----E-mail-----

Address: _____

Date Of Birth: _____

Academic Qualification: _____

Occupation: _____

Mother tongue (& other languages known):-----

Why you want to attend this workshop?

- General interest
- Career

Workshop attended before:-----
(If Applicable) _____

Other Work Experiences: _____

I agree to abide by all the rules, regulations & disciplines and hereby register myself for Two months creative workshop on Film Making organized by Darpan Theatre & Cine arts.

Date:

(Signature of participant)