



DIPAC

DARPARNA INSTITUTE FOR PERFORMANCE, ARTS AND CULTURAL STUDIES
Darpana, Usmanpura, Ahmedabad 380013 • Tel: 91 79 2755 1389

Affix Passport Size
Photo Here

Attach photocopy of
Passport and Visa

ENROLLMENT FORM

Please complete all the details below in CAPITAL letters. Tick where appropriate.

Name		<small>FIRST</small>	<small>MIDDLE</small>	<small>LAST</small>	
Age	Birthdate	<small>DD</small>	<small>MM</small>	<small>YYYY</small>	
		/	/		
		<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Current Address					
		<small>CITY</small>	<small>STATE</small>	<small>ZIP / PIN</small>	
		<small>COUNTRY</small>			
Permanent Address					
		<small>CITY</small>	<small>STATE</small>	<small>ZIP / PIN</small>	
		<small>COUNTRY</small>			
Local Address					
		<small>CITY</small>	<small>STATE</small>	<small>ZIP / PIN</small>	
		<small>COUNTRY</small>			
Email Address					
Use this address for correspondence		<input type="checkbox"/> Current		<input type="checkbox"/> Permanent	
				<input type="checkbox"/> Email	
Home Phone		Office Phone		Mobile	
Nationality		Institution / University			
Passport Number	Date of Issue	<small>DD</small>	<small>MM</small>	<small>YYYY</small>	
		/	/		
		<small>DD</small>		<small>MM</small>	
		/		<small>YYYY</small>	
Visa Number	Visa Type	<small>DD</small>		<small>MM</small>	
		/		<small>YYYY</small>	
Emergency Contact					
Medical Conditions (if any)					
COURSE REGISTRATION					
<small>(enter number of credits or ✓ under ISP)</small>					
	Course #	Course Name	SAP Credits	ISP	Start Date
1					
2					
3					
4					
5					
6					
7					
8					
Other organizations / activities that you will be involved with during your stay					
Prior Training or Experience					
Dance		<input type="checkbox"/> Theatre		<input type="checkbox"/> Martial Arts (_____)	
<input type="checkbox"/> Ballet		<input type="checkbox"/> Puppetry		<input type="checkbox"/> Visual Arts (_____)	
<input type="checkbox"/> Jazz / Tap		Music (vocal or instrument)		Media & Communication	
<input type="checkbox"/> Modern		<input type="checkbox"/> Western Classical (_____)		<input type="checkbox"/> Film & Video Production	
<input type="checkbox"/> Bharata Natyam		<input type="checkbox"/> Carnatic (_____)		<input type="checkbox"/> Animation & Motion Graphics	
<input type="checkbox"/> Kuchipudi		<input type="checkbox"/> Hindustani (_____)		<input type="checkbox"/> New Media Installation	
<input type="checkbox"/> _____		<input type="checkbox"/> _____		Other	
<input type="checkbox"/> _____		<input type="checkbox"/> _____		<input type="checkbox"/> _____	



TUITION AND FEESAccommodation US\$ ____ /day for modest student accommodation US\$ ____ /day for 3 star accommodation US\$ ____ /day for 5 star accommodation

US\$ _____ x _____ days = US\$ _____

Meal Plan US\$ ____ /day for 3 meals at the Darpana Café x _____ days = US\$ _____

Tuition _____ x 2 credit SAP Courses = _____ credits @ US\$250 per credit = US\$ _____

_____ x 3 credit SAP Courses = _____ credits @ US\$250 per credit = US\$ _____

_____ x 4 credit SAP Courses = _____ credits @ US\$250 per credit = US\$ _____

_____ ISP courses @ US\$10 per hour for _____ hours = US\$ _____

_____ ISP courses @ US\$20 per hour for _____ hours = US\$ _____

_____ ISP courses @ US\$100 per week for _____ weeks = US\$ _____

_____ ISP courses @ US\$300 per month for _____ months = US\$ _____

_____ ISP internships @ US\$250 per month for _____ months = US\$ _____

Total = US\$ _____

STATEMENT OF RESPONSIBILITY

This is to state that I do not suffer from any chronic/contagious ailment/disease. I am physically fit to undertake the courses that I am enrolling for. I understand that Darpana will not be responsible for health care insurance, the cost of any medical expenses or transportation to medical facilities incurred by me during the program, or liability insurance.

I understand that I am responsible to ensure that my passport, visa and other relevant papers are in order, to enable me to stay in India for at least the duration of my program at Darpana.

I have read and understand the Student Code of Conduct in the DIPAC catalogue and hereby consent to follow it.

I enclose my cheque / cash / proof of electronic payment for Rs. / US\$ / Euro _____ towards my tuition and fees.

SIGNATURE OF APPLICANT

I certify that my statements in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I have read the rules and regulations mentioned here and hereby consent to abide by them.

Signature of Applicant _____ Date _____