Calcutta Media Institute

ADMISSION FORM

Video Editing / Videography

(Strike out whichever is not applicable)

SESSION: 2016-17

Please paste a recent passport size photograph

Name: Mr / Ms_____ _____
(IN CAPITAL) FIRST NAME SURNAME

Gender: Male / Female Date of Birth: ____ ___ _____
DD MM YYYY

Address: Permanent :_____

Present : _____

Guardian's Name: _____ Relationship: _____

Contact Details:

	Phone		E-Mail	
	Main	Alternative	Main	Alternative
Applicant				
Guardian 1				
Guardian 2				

Academic Qualification:

Examination	School/College	Board/ University	Main Subject/s	Year	Marks Obtained	% of Marks	Class/ Div
X							
XII							
Graduation							
Post-Graduation							
Any Other							

Special Capability/Achievements (if any):

Work Experience (if any)

Year	Location	Organisation	Department	Designation	Duration

Signature of the applicant: _____ Date: _____
Place: _____

For CMI use only:

Admitted/Should try later _____ Date: _____
COURSE DIRECTOR