## UNIVERSITY OF MUMBAI ACADEMY OF THEATRE ARTS

Vidyanagari, Santacruz (E), Mumbai – 400 098.

## Application for Admission to the Diploma in Acting Skills Course for 20... - 20...

Note: Your first impression on the selection committee will be through this form. Therefore, please see that it is neatly filled in, 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 candidate & attested copies of supporting documents. Online Application form will be accepted.

| (A) Name in full: Shri/Smt./Kum (In block letters) |
|--|
| Date of Birth:                                     |
| Present Address:                                   |
| (Indicate State & Pin Code)                        |
| Phone, Mobile:                                     |
| E-mail:  |
| Permanent Address:                                 |
| (Indicate State & Pin Code)                        |
| Father's Name & Address:                           |
|  |
| Father's Profession & Annual Income:               |
| Whether belongs to SC/ST/D.T./N.T./O.B.C./S.B.C.:  |
| Married or Unmarried:                              |
| Husband's Name & Address:                          |
| (In case of married women)                         |
| Husband's Profession & Annual Income:              |
| Number of Children, if any:                        |
| Contact No. if any:                                |
| Knowledge of Languages:                            |
| Languages  |
| (a) Speak Fluently                                 |
| (b) Read Fluently                                  |
| (c) Write Fluently                                 |

## ACADEMIC QUALIFICATIONS

| Degree/Certificate     | Year          |              | ersity/Board/<br>stitute                                     | Main Subject |
|------------------------|---------------|--------------|--|--------------|
| S.S.C.                 |               |              |  |              |
| H.S.C.                 |               |              |  |              |
| Are you applied for M  | laster of The | atre Arts Co | ourse 2019-20 : Y  | es / No      |
| If Yes, then mention y | our Applicati | ion No       | •••••  |              |
| <b>(B)</b>             | TH            | EATRE EXPI   | ERIENCE  |              |
|                        |               | DIRECTION    | ON   |              |
| Name of Play           | Lang          | guage        | Author   | Year         |
|                        |               |              |  |              |
|                        |               |              |  |              |
|                        |               |              |  |              |
|                        |               | ACTINO       | 3  |              |
| Name of Play           | Lang          | guage        | Director   | Year         |
|                        |               |              |  |              |
|                        |               |              |  |              |
|                        |               |              |  |              |
|                        |               |              |  |              |
|                        |               |              |  |              |
|                        |               |              |  |              |
|                        |               |              |  |              |
|                        |               |              |  |              |
|                        |               |              |  |              |
|                        |               |              |  |              |
|                        |               |              |  |              |
|                        |               | STAGE CR.    | AFT  |              |
| Name of Play           | Author        |              | Nature of Work   |              |
|                        |               | Set Consti   | rly whether Stage<br>ruction, Lighting,<br>ake-up, Stage Mar | Costume      |
|                        |               |              |  |              |
|                        |               |              |  |              |
|                        |               |              |  |              |

## WRITING (PLAYS)

| Name of Play               | Language              | Full Length/One Act        | Director            |
|----------------------------|-----------------------|----------------------------|---------------------|
|                            |                       |                            |                     |
|                            |                       |                            |                     |
|                            |                       |                            |                     |
| (C)                        | OTHER (               | QUALIFICATION              |                     |
|                            |                       | nature                     |                     |
|                            |                       |                            |                     |
| Any previous training in   | n Dance, Music (Vo    | cal or Instrumental), Art? |                     |
|                            |                       |                            |                     |
|                            |                       |                            |                     |
|                            |                       |                            |                     |
| <b>(D)</b>                 | ORGANISATIO           | ONS ASSOCIATED WITH        |                     |
| Name of Organization P     | Professional or Amate | eur Since When Capacity    | in which associated |
|                            |                       |                            |                     |
|                            |                       |                            |                     |
|                            |                       |                            | •••••               |
|                            |                       |                            |                     |
| <b>(D)</b>                 | PROFESSIO             | NAL BACKGROUND             |                     |
| Present Profession         |                       |                            |                     |
| Annual Income              |                       |                            |                     |
| Experience of other jobs,  | if any                |                            |                     |
| Whether in receipt of any  | scholarships, if unde | ergoing any training       |                     |
|                            |                       |                            |                     |
| If in affirmative, mention | l                     |                            |                     |
| (i) Amount of monthly S    | Scholarship           |                            |                     |
| (ii) Since when in receip  | t of Scholarship      |                            |                     |
| (iii) Source of Scholarshi | p                     |                            |                     |
|                            |                       |                            | ſP.T.O.             |

| <b>(F)</b>   | F) STATE OF HEALTH   |   |                                      |  |  |
|--------------|--|---|--------------------------------------|--|--|
| (i)          | ) Are you physically fit to undertake practice for long hours? |   |                                      |  |  |
| (ii)         |  |   |                                      |  |  |
|              |  |   |                                      |  |  |
| (iii)        | Mention your height a  | and weight:                               |                                      |  |  |
| ( <b>G</b> ) |  | REFERENCES                                |                                      |  |  |
| A            | at least 3 eminent perso                                       | ons in the field of theatre arts, not re- | lated to the applicant, but familiar |  |  |
|              |  | with his/her work, should be men          | itioned.                             |  |  |
|              | Name   | Address                                   | Status                               |  |  |
|              |  |   |                                      |  |  |
|              |  |   |                                      |  |  |
|              |  |   |                                      |  |  |
|              |  |   |                                      |  |  |
| Pla          | ns after training:   |   |                                      |  |  |
|              |  |   |                                      |  |  |
|              |  |   |                                      |  |  |
|              |  |   |                                      |  |  |
| An           | y Other Information:   |   |                                      |  |  |
|              |  |   |                                      |  |  |
| I ha         | ave read the rules of Th                                       | e Academy of Theatre Arts, Univer         | sity of Mumbai and agree to          |  |  |
| abio         | de by them if required.  |   |                                      |  |  |
| Dat          | te:  |   | Signature of Candidate               |  |  |
|              |  | FOR OFFICE USE ONLY                       | Y                                    |  |  |
| Inte         | erviewed on  |   |                                      |  |  |
| Rep          | oort of Interview  |   |                                      |  |  |
| Adı          | mitted/Not Admitted  |   |                                      |  |  |
|              |  |   |                                      |  |  |
|              |  |   | Director                             |  |  |
|              |  |   | Academy of Theatre Arts              |  |  |