

# TIATR ACADEMY GOA

AS-1/AS-4, Block – A, 2<sup>nd</sup> Floor, Campal Trade Centre,  
Opp. Kala Academy, Campal, Panaji Goa

## INFORMATION FOR DIRECTORY AND WEBSITE

Recent Photo  
(Colour)

(1) Name : Mr./Mrs./Miss \_\_\_\_\_

(2) Stage Name: \_\_\_\_\_

(3) Date of Birth (attach proof) : \_\_\_\_\_ Age : \_\_\_\_\_

(4) Educational Qualification (attach proof): \_\_\_\_\_

(5) Address of correspondence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(6) Phone No.: Landline \_\_\_\_\_ Mob: \_\_\_\_\_

(7) Email address: \_\_\_\_\_

(8) Contribution to Tiatr/Tiatr related activities: (Tick in the box that is applicable to you)

Writer     Producer     Director     Lyricist     Actor (Male / Female)

Singer     Music Writer     Music player (instrument) \_\_\_\_\_

Stage Manager     Stage Setting     Light Effects     Organizer

Tiatr Researcher     Tiatr Journalist

Other (Specify) \_\_\_\_\_

### **Details of Tiatr & Tiatr Related Activities (Kindly attach separate attachments)**

(a) No of Tiatrs Written :   
(Details - attach supporting documents) : \_\_\_\_\_

(b) No of Tiatrs Directed :   
(Details - attach supporting documents) : \_\_\_\_\_

(c) No of Tiatr Performances as per item No. 8:   
(Details - attach supporting documents) : \_\_\_\_\_

**P.T.O**

## **UNDERTAKING**

I the undersigned \_\_\_\_\_ state that the information furnished by me is true to the best of my knowledge.

**Signature of the Applicant:** \_\_\_\_\_

Date: \_\_\_\_\_

## **RECOMMENDATION**

I the undersigned \_\_\_\_\_ a senior theatre artiste, hereby certify/recommend that the facts stated above by (name of artiste) \_\_\_\_\_ are true to the best of my knowledge.

Signature of senior artiste: \_\_\_\_\_ Phone no: \_\_\_\_\_

Date: \_\_\_\_\_

**N. B. : (1) This form duly filled should be submitted to the office of TAG on or before 14<sup>th</sup> October 2021 during office hours.**