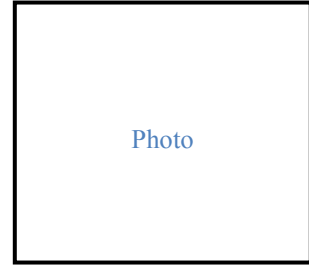


# TIATR ACADEMY OF GOA

## 7. ORIENTATION COURSES IN TIATR

### Application Form for Participants



1. Full name of the Participant: \_\_\_\_\_
2. Postal Address : \_\_\_\_\_  
\_\_\_\_\_
3. Date of Birth : \_\_\_\_\_
4. Contact No : \_\_\_\_\_
5. Email : \_\_\_\_\_
6. Aadhaar Card No. (Enclose copy) : \_\_\_\_\_

7. Any previous theatre experience in acting/singing, etc or workshops attended, if any?  
If yes give brief details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Give in brief your opinion about the workshop:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **I state that whatever information stated above is true.**

\_\_\_\_\_  
**Signature of the applicant**

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