



**Application Form for
Diploma in Dance Movement Therapy (DDMT)
(2017-2018)**

1. Full Name (IN CAPITAL LETTERS)

.....
(First Name) (Middle Name) (Surname)

2. Age as on June 2017
(Years) (Months)

3. Current Postal Address in CAPITAL LETTERS for communication

.....
.....

Telephone No. Work Residence

Fax No. E-mail:

4. Permanent Address (If different from above):

.....
.....

5. Education Background (Beginning with the last qualification)

Sl. No.	Name of Examination Passed	Board/ University	Attended From To	Subject of Study	Marks Obtained and Equivalent Percentage
1					
2					
3					

6. Languages Known (specify)

	Speak	Read	Write
1.			

2.		
3		
4.		

7. Are you employed? If yes, please give following details of your past and present job and if attending during work hours attach the “No Objection Certificate” from the employer.

Name of Organisation & Place of Work	Designation and Nature of Work	Years of Experience
1.		
2.		
3		

8. Attach a Statement of Purpose for applying for this course. Include experiences related to the course.

9. Mention any other special information, which you would like to give (hobbies, leisure time activities).

Declaration of the Applicant

I hereby certify that the information provided in this application is complete and accurate. I agree that on being admitted, I shall abide by the rules and regulation of the Institute.

Place: (Signature of the Applicant)

Date: (Signature of the Applicant)