

SDR MEDIA INSTITUTE



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eMail: sdrmedia.in@gmail.com

APPLICATION FORM

Academic Year 2023

Course

NewsPresenter	Anchor	Acting	Direction

Personal Information

Applicant's First Name

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Last Name

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Age & Date of Birth

	Years	dd	mm	year	Gender	M	F	O	Blood Group	
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Father's Name

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Father's Occupation

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Address For Communication

House/Door No

Name of Street / Road

Area / Village / Locality

City

State

PIN Code

Mobile Number

Email ID

Permanent Address

House/Door No

Name of Street / Road

Area / Village / Locality

City

State

PIN Code

Educational Qualification

Class | Diploma | Degree | Masters | Others (Please mention)

| | | | |

Skills | Experience

(Please attach separate sheet if required)

Details of Relatives Working in Medai

Name

Organisation

Capacity

Declaration

I, Mr./Ms....., s/o or d/o or w/o....., do hereby declare that the information furnished above are complete and true to the best of my knowledge, belief and information.

I hereby undertake to abide by the rules and regulations concerning admission, attendance, and discipline.

I understand that 100% attendance in classes/outdoor practice is compulsory and I commit myself to adhere to the same.

I also understand, in case my attendance falls short, for any reason, the competent authority of SDR Media Institute may take such action, as may be deemed fit and proper.

I further declare that whatever role offered to me during the course of the training and post training, I shall accept it with full consent and without any grudge.

I agree to strictly adhere to the code of conduct as laid down by SDR Media Institute or its parent organisation, SDR Media Institute.

Place:

Date:

.....
Signature of Student

For Office Use

Admitted
Fee Paid
Date and Mode of Payment