



**Fellowship / Free Studioship Form**

(1) July – Dec. 2008  (2) Jan – June – 2009

Fellowship :

Painting  Sculpture  Printmaking

NAME

(Mr./Ms./Mrs.)

Sex  M  F

Marital Status MARRIED  UNMARRIED  (If married, name & add. of spouse)

NAME OF SPOUSE

ADDRESS

Date of Birth

Place of Birth

Home Address

Pin :

Address for Correspondence if different :

Pin :

Tele / Fax : \_\_\_\_\_

Tele / Fax : \_\_\_\_\_

E - mail : \_\_\_\_\_

E - mail : \_\_\_\_\_

Your parent / Spouse's Name :

Address :

Occupation : \_\_\_\_\_

Pin :

Annual Income of parents / Guardian :

Current annual gross income from all other sources, Earned or received, please specify :

Source	Amount	Period received

State knowledge of Indian and Foreign Languages  
 (Write either fluently, reasonably, with difficulty as the case may be)

Languages	Speak	Read	Write

Referees :

Name : _____	Name : _____
Designation: _____	Designation: _____
Address : _____	Address : _____
_____	_____
_____	_____
Tele/Fax : _____	Tele/Fax : _____
E-mail : _____	E-mail : _____

Educational Record

School Record		
Year	School	Class, Division or Grade obtained

Art Education				
University / College	From	To Month	Qualification	Final Position

List any fellowship, awards won before :-

Fellowship, Awards & Prize	Name of Award	Organization	Date received Month, Year

Have you done any job :

Organization or Institution	Year	Month

Explain in not more than two hundred words about your work (attach separate sheet)

Proposed programme (attach separate sheet)

IMAGES: You are requested to submit Bio-data and minimum of ten colour photographs ( 5 x 7) or Ten (10) jpeg images, at 180 dpi resolution, maximum file size 2 MB, in a CD. Images must be titled with your lastname, firstname, number. of recent works.

\*\*Please note: we only accept jpegs: no slides, . Do not submit: Powerpoint presentations, PDF, TIFF, Gif or PSD files.

I affirm that the information provided in this application is true and accurate to the best of my knowledge, I hereby undertake to abide by the regulations of Centre.

Signature : \_\_\_\_\_

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

Name : \_\_\_\_\_

Place : \_\_\_\_\_

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All decision made by the Centre are final and not subject to review or appeal.

**FOR OFFICE USE ONLY**

Date of Application Issued : \_\_\_\_\_

Issued to : \_\_\_\_\_

Date on which application was received : \_\_\_\_\_

Date of Interview : \_\_\_\_\_

Remarks of the interview committee :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_