

SANJALI CENTRE FOR ODISSI DANCE (BENGALURU)

Admission form

Name.....

Name of guardian (if student is under 18 years of age)

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Address.....

Phone(mobile).....

Previous guru/institute, years of training etc.

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**I agree to abide by the rules and regulations of Sanjali
Centre for Odissi Dance**

Name/signature.....

Date.....