

**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.....**