

 **INLAKS FELLOWSHIP FOR INDIAN CLASSICAL MUSIC**

**APPLICATION FORM**

COMPLETE ALL PAGES IN FULL

PERSONAL INFORMATION SHEET

NAME: MR/MS. -------------------------------------------------------------------------------------------------

DATE OF BIRTH: -------------------------------------------------------------------------------------------------

CORRESPONDENCE ADDRESS:---------------------------------------------------------------------------------------

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TEL: ------------------------------ MOBILE: ----------------------------------------------------------

EMAIL: ---------------------------------------------------------------------------------------------------------------------

PRESENT OCCUPATION: -----------------------------------------------------------------------------------------------

EDUCATION QUALIFICATIONS: --------------------------------------------------------------------------------------

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TIMELINE FOR THE PROJECT/AWARD: START DATE: --------------------- END DATE: ----------------------

OUTLINE OF YOUR PROJECT. THIS SHOULD INCLUDE (i) A SHORT DESCRIPTION OF YOUR INTENDED PRACTICE AND (ii) A TIMELINE FOR THE PROJECT’S DIFFERENT STAGES AND POTENTIAL PLATFORMS (NOT MORE THAN 400 WORDS):

PERSONAL STATEMENT: DESCRIPTION OF YOUR PRACTICE, ACHIEVEMENTS ALONG WITH AN INTRODUCTION TO YOUR GURU (NOT MORE THAN 300 WORDS)

 HOW WILL THE FUNDS FROM THE AWARD BE UTILIZED? (NOT MORE THAN 300 WORDS).

ATTACHMENTS TO INCLUDE TOGETHER WITH THIS DULY FILLED-IN FORM:

1. CV/RESUME: PDF
2. AUDIO/VIDEO: to be sent as links on any of the following online platform such as artist website/ vimeo/ youtube/ soundcloud. If links are password protected, please provide the password.
3. LETTER OF ACCEPTANCE FROM YOUR GURU / GUIDE/ INSTITUTION/ COLLABORATORS WITH WHOM YOU INTEND TO WORK.
4. EVIDENCE OF BIRTH DATE: PAN CARD COPY/AADHAR CARD COPY/DRIVING LICENSE

I DO HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE AND IN THE ENCLOSED DOCUMENTS IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND NOTHING HAS BEEN CONCEALED THEREIN. I AM WELL AWARE OF THE FACT THAT THE INFORMATION GIVEN BY ME IF PROVED FALSE / NOT TRUE AT ANY POINT OF TIME, MY APPLICATION WILL NOT BE CONSIDERED.

SIGNATURE:----------------------------------- DATE:--------------------- PLACE: ---------------------------------