

National Academy of Performing Arts

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Form No.			

Title (Mr. / Mrs. / Ms / O Full Name (as stated on y	our Passport or CNIC)	
Father's Name		Photo
D. C. CD: 1		
Date of Birth	CNIC No.	Nationality
Home / Correspondence	Address	
Tel (Res)	Cell #	
Tel (Off)	Fax #	
E-mail		
		Sex M F
DURSE APPLIED F	DR	
	3 Year Diploma Short Course	
	Music Theatre Arts	

## FORMAL STUDIES / QUALIFICATIONS

Please specify any formal acadamic and professional qualification for currently have (attach a copy of cerfiticates)

Degree Certificate	Start Date	End Date	Institut	ie	Result
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URRENT STATI	JS (PLEASE	GIVE DETAILS	OF YOUR CURRENT	TSTUDIES/JOB	s)
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Friend	d		Advertisement	,	Website
Electr	ronic Media		Print Media		
Other (Please	specify)				
		W. XXX 40.00			
ECLARATION (I					
that if any portion of	the information:	is found to be false	furnished above is true to the or inaccurate - or I show poor	oor academic perform	nance, fail to pay
he required dues on	time, get involve	ed in any anti-socia	d act, political activity or in eary committee and may fac	ndulge in any activitiy	which is found
any refund or previou	us dues or future	liability.		TO OTEN MANAGEMENT TO THE TANK	acadiny minous
Signature				Date	
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OR OFFICE USE	***				
The form is complete Verified copies of cer		* 4		is signed in full	
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N.I.C. photocopy is a	attached		ture		

A Company set up under section 42 of the Companies Ordinance. 1984 Old Hindu Gymkhana Bldg. (Opp Arts Council), M.R. Kiyani Road, Karachi - Pakistan Tel: 35693701-3 Fax: 35693705 Email: info@napa.org.pk Web: www.napa.org.pk