



# Registration Form

## Kalanidhi School of Music

Street No:10, Lane 7, West Maredpally, Secunderabad.

www.kalanidhischoolofmusic.com

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

**Reg No:** .....

Name : \_\_\_\_\_  Student  Working

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Father's Name: \_\_\_\_\_ Mob: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mob: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Designation: \_\_\_\_\_


Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Photo

Student Mobile No: \_\_\_\_\_ Landline No: \_\_\_\_\_

School/ College: \_\_\_\_\_ Class: \_\_\_\_\_

Work Place: \_\_\_\_\_ Designation: \_\_\_\_\_

Email ID: \_\_\_\_\_  \_\_\_\_\_

Favorite Music Director : \_\_\_\_\_

Weekdays Batch  Weekends Batch

Piano  Keyboard  Guitar  Drums

Vocal  Tabla  Flute

### Terms & Conditions

- 1.No refund on fee
- 2.Fee Should be paid by 1st week or on joined date of every month
- 3.Leave to be informed us before 3 days

I have read and agree the terms & policies of the school

Signature of the Parent / Student

### Office Use

Class Timings: \_\_\_\_\_

Class Days: \_\_\_\_\_

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

Music Master: \_\_\_\_\_