

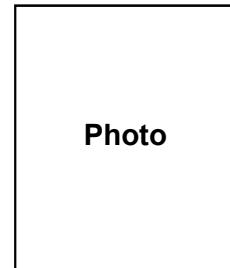
Application Form



Personal Details.

Title (Mr. / Mrs. / Ms. / Other)

Full Name (as stated on your Passport or NIC)



Photo

Father's Name

Date of Birth

NIC no.

Nationality

Home / Correspondence Address

Tel. (Res.)

Cell #

Tel. (Off.)

Fax #

E-mail:

Sex:

M

F

Next of Kin (friend or relative to contact incase of emergency.)

Name

Address

Tel. #

Course applied for.

Short Course (Six Week)

Script Writing

Direction

Acting

Why do you wish to join EIPA ? / What do you wish to achieve from your Course? (You may attach a seprate sheet if necessary)

Formal Studies / Qualifications

Please specify all formal, academic and professional Qualifications, you currently have.
(attach a copy of certificates).

Degree / Certificate	Start Date	End Date	Institute	Result

Employment / Work Experiences

Please give details of any employment and work experience you have had to date.

From	To	Occupation	Full / Part	Company

Language

Please indicate in each box your language proficiency using the following key

		Proficiency			
		High	Moderate	Basic	None
ENGLISH	Read				
	Speak				
	Write				
	Speech				
	Listen				
URDU	Read				
	Speak				
	Write				
	Speech				
	Listen				

How did you learn about EIPA?

<input type="checkbox"/> Friend	<input type="checkbox"/> Website	<input type="checkbox"/> Advertisement
<input type="checkbox"/> Print Media	<input type="checkbox"/> Electronic Media	<input type="checkbox"/> Other (Please specify)

Declaration (by applicant)

I, the undersigned, affirm that the information furnished above is true to the best of my knowledge. I also agree that if any portion of the information is found to be false or inaccurate- or I show poor academic performance, fail to pay required dues on time then EIPA reserves the right to revoke my admission without refund.

Signature _____ Date _____

For Office Use Only

The Form is completed in full

Verified copies of certificates / transcripts are attached

N.I.C. Photocopy is attached

Photographs (2) are attached

Recived by _____ Signature _____ Date _____

Remarks

Note: Submit signed and completed Form via Email: eveready.ipa@gmail.com, or by Post to Eveready Pictures P.O. Box # 139, Karachi. or drop off the form at Eveready Chambers I.I Chundrigar Road, Karachi 74200.