

# COLLEGE OF FINE ARTS KARNATAKA CHITRAKALA PARISHATH

Dr. Vishnuvardhan Road, BSK 6<sup>th</sup> Stage, 11<sup>th</sup> Block, Srinivasapura, Bengaluru – 560060.

## NOTICE - SHORT - TERM COURSE AT CFA

The College of Fine Arts is offering a six month short term course in various specialisations of Fine Arts at Dr.Vishnuvardhan Road, Banashankari 6<sup>th</sup> Stage, 11<sup>th</sup> Block, Srinivasapura, Bengaluru-560060.

New batches begin shortly.

#### Minimum qualification: Should have cleared Class 10/SSLC

The course is open for all professionals, housewives, executives, students etc. looking to pursue their passion in Fine Arts. The classes will be conducted at the campus. Candidates will have an option to join the batch for the weekends or weekdays. The schedule will be as follows:-

(a) Weekend Batches: Saturday: 2:00 pm to 5:00 pm

Sunday: 10:00 am to 01:00 pm

(b) Weekday Batches: (Three days) 4:00 pm to 6:00 pm

Interested candidates are requested to contact the Coordinator, College of Fine Arts between 9:00 am to 5:00 pm, Monday to Friday.

Mobile:7619351690 E-Mail: principal@thecfa.art

Application forms are available on our website: <a href="www.thecfa.art">www.thecfa.art</a>. Fully filled forms, along with an application fee of Rs.500/- should be submitted to our office, Dr. Vishnuvardhan Road, BSK 6<sup>th</sup> Stage, 11<sup>th</sup> Block, Srinivasapura, Bengaluru – 560060. Course fee will be accepted through DD/online. Account details are as follows.

Account Name : College of Fine Arts

Bank Name : Canara Bank

Branch : Madhavanagara, Bengaluru

Account No. : **0788101065195** IFSC Code : **CNRB 0000 788** 



Further details will be communicated to the candidates a week before the commencement of the course.



# COLLEGE OF FINE ARTS KARNATAKA CHITRAKALA PARISHATH (Affiliated to Bangalore University)

Dr. Vishnuvardhan Road, Bangalore-560060 Phone:+91 6364917676 E-mail: principal@thecfa.art http://www.thecfa.art Affix Passport size Photograph

## APPLICATION FOR ADMISSION TO SHORT TERM COURSE

Course Opted	Basic	Adv	vance			
1. Name of applicant(Write in Block Letter) as in your X/XII Marks card						
2. Sex: Male Female	Nationality					
3. Name of Father/Guardian/Spouse:						
4. Mother Tongue:						
5. Date of Birth:			Age:			
Place:						
6. Postal Address for Correspondence:						
Tel/Mobile No:						
E-mail:						
7. Select the Batch(Tick any one):						
Weekly Three Days Mon, Tue & Wed: 4pm to 6 p	om S	<b>/eekend:</b> aturday: 2.00 pm t unday: 10.00 am t				

3. Education Qualification			Profession	
1.				
2.				
3.				
4.				
Date:	Pla	ce:	Signature of the Applicant:	
Declaration	on by the Candida	te		
2. I here	eby declare that I have ca	arefully read the rules of A	ne best of my knowledge and belief. Imission and I shall abide by them. and disciplines of the Institution.	
			Signature of the Applicant	
Undertak	ing by Parent's/Gu	uardian:		
	<i>3</i> ,			
l her com	eby give an undertakin pletion of his/her cours		ughter being admitted to the institution. er fees due to the institution before the eadline.	
		, , , , , , , , , , , , , , , , , , ,		
			Signature of the Parent/Guardian	
Attest the	e Marks Card ( SSL0	C or PUC Marks Card	)	
			ent of the course and admission fee. to any other course under any circumstances.	
Note: All t	the columns to be	duly filled up comp	ulsorily	
			For Office Use only	
		On verification, the	application and other records of the Candidate are in order.	
Admiss	ion Number	Mr/Mrs	may be admitted	
		То	For the academic year	
		Principal	Date	
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