Session: 2025-26



## **NATIONAL INSTITUTE OF MITHILA ART**

Near Indian Bank , GM Road ,DARBHANGA - 846004 , BIHAR

## Mithila Art 6 Month Basic Certificate Course

## Admission Form

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1. Name:							
2. Date of Birth (Attach Date of Birth Proof) 3. Application Form No:							
DDMM							
4. Nation	ality: 5. Religion:		6. Marital S	atus: Married Unm	narried 		
7. Gende	r: Male Female 8. Minority: Yes No				1		
8. Handic	capped:(Applicable/NA) Physically Visually 2	LO.Eduœtiqeal Jn	forrsation: and	Documents Attac	hment		
SL NO.	Board	Year Of Passing	Marks	Divission			
1							
11. Nam	e of the School Studied:						
	e of the College Studied:						
13. Student Mob. No: 14. E mail Id:							
15. Father's/Husband Name:							
18. Perm	anent Address:						
	State						
City	State	г	-III Code				
19. Addre	ess for						
Correspo	ondence:						

City......Pin Code:.....

1	English Read Yes No Write Yes No Speak Yes No							
3	Maithili Read Yes No       Write Yes No     Speak Yes No							
21	lobbies/Interests:							
	Declaration:							
	I,D/o S/o hereby declare that							
	I accept & agree to follow and able by the rules and regulations of the Institute I shall not indulge in any matter that come under ragging with any fellow mates, staff or faculty members as advividual or in a group Incase I am found disobeying the rules & regulations at any time, the Institute authority has the right take a isciplinary ction against me, which could either lead to the extent of rustication from the institute authority in such natter. I and my parents/guardian shall be responsible for the payment of all the fees & other charges / fines whenever demanded 5. I shall abide by the examination rules and shall proceed accordingly. I shall not use mobile, and other electronic and media based gadgets which are whenever prohibited by the institute. I shall hereby declare that National Institute Of Mithila Art shall not be responsible for any mishappening on any part uring the course of my study (on campus of off campus) in the Institute/Industrial isits/Trainings/Tours/Transport etc. and also my dependents or next of kin in such a case shall not claim my compensation for my damages or isability.  Date:							
	do hereby solemnly affirm and undertake that							
	My Son / Daughter / Wife							
	Date:							
	Place: Signature of the Father/Husband/Guardian							

20. Languages Known (Tick es or Not)