



NEW ZEALAND CARNATIC MUSIC SOCIETY

Examination Registration Form

(Closing Date: 28th February)

PLEASE ENSURE THAT YOU ARE A CURRENT MEMBER OF NZCMS

Name of Student:

(Please fill in CAPITALS) _____ (First Name) _____ (Middle Name) _____ (Surname)

Date of Birth: ____ / ____ / ____ **Email Address** _____

Name of Parent/Guardian: (students under 15) _____

Address: _____

Phone number: _____ (Home) _____ (Mobile)

(Please fill in the details of all the exams you are appearing for)

Exams offered in	Stages - Fees	Exam appearing for	Grade appearing for
Vocal	Stage 1 - \$ 50		
Veena	Stage 2 - \$ 75		
Violin	Stage 3 - \$ 100		
Harmonium	Stage 4 - \$ 150		
Flute	Stage 5 - \$ 200		
Mridhangam	Stage 6 - \$ 250		
Others (Specify)			

Payment details (NO CASH PAYMENTS PLEASE)

I have tendered NZ \$ in payment for the above examination (including late application fee of \$25 – if applicable) vide cheque/Bank draft/Bank transfer with reference number..... on (date)/...../20....

Internet Bank transfers can be made to the following account: 12 – 3060 – 0272132 – 001

(Please include your **Name** and "**Exam Fee**" as reference if you are making a payment over the internet)

Declaration

I hereby apply for admission to the Examination for the Diploma in Carnatic Music conducted by the New Zealand Carnatic Music Society (NZCMS). I understand that my venue and time for the examination will be allocated by the NZCMS and that it will not be possible for the NZCMS to consider any request to change the venue or time. I agree to all the terms of the Diploma Examination Regulations and accept the examination committee's decision as final.

Signature of Student/Guardian: _____ **Date:** _____

(This section is to be filled in by the Teacher)

Please tick the box if the above student has completed all the prerequisites for the examination and the course

EXEMPTIONS

If the student is seeking exemptions from the prerequisites for the exam, please specify and provide the details here	Please provide the details here
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Details of the Guru (FILL IN CAPITAL LETTERS)

Name of Guru: _____ **Email Address:** _____

Phone number: _____ (Home) _____ (Mobile)

Signature of Guru: _____ **Date:** _____

All completed application forms will be collected from the teachers immediately after the closing date (28th February) by NZCMS committee members.