TIBETAN INSTITIUTE OF PERFORMING ARTS CULTURAL IMMERSION SUMMER COURSE

AFFIX A PASSPORT SIZE

PHOTO HERE

We/I ………………………………………………………………………………………

Resident of

…………………………………………………………………………………………………

Understand that TIBETAN INSTITIUTE OF PERFORMING ARTS, Mcleodganj, Kangra Distt. 176219 H.P. India will take utmost care of my child/children (names) ...............................

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during the program. However, if any unforeseen tragedy strikes, I will take full responsibility. I will also authorize TIPA to give medical treatment/care to the above mentioned child/children, if required.

Signature of the applicant Signature of parents/guardian

…………………………………………………….. …………………………………………………………………..

Date ……………………………………………