Choki Traditional Art School

Post box: 1118, Tel. 361077 Kabesa, Thimphu.

ADMISSION FORM

Registration No: CTAS/Admission /2020/	Date:		
Name of student: Sex: Male/Femal Date of birth: Sex: Male/Femal	e	Please paste your recent photograph here	
Village:			
Gewog: Dzongkhag: ID. Card No			
Do you have any health problem? If yes, please specify and attach copies of medical documents.			
Please circle/tick the course you are applying and indicate your interest as per your priority: • Lhadi/Painting:			
• Thazho/Weaving:			
• Tshemzho/Tailoring:			
If you have attended school/monastic institute, please attach a copy of yo certificate/NOC from the respective school.	our school le	eaving	
Parent's Information:			
Father's name and occupation:			

Mother's name and occupation:

Present mailing address:	
E-mail ID:	Mobile No:
Contact address in case of sickness/emo	ergency:
Name of person to be contacted:	
Relation to the student:	Mobile No:
March during the office hour from the first will be held on 11th March bring parents/Guardian to avail the strength of the first parents for the first par	chool/institute/ monastery. ith the admission form to be submitted to school latest by 5 th
(Signature of student)	(Signature of Parents/Guardian)
Name:	Name: