THE ARTIST INITIATIVE

**(PLEASE FILL ALL DETAILS IN CAPITALS)**

NAME OF APPLICANT:

DATE OF BIRTH:

QUALIFICATION:

INTERNSHIP/ STUDIO PRACTICE/ SELF TAUGHT:

**CONTACT DETAILS:**

NAME:

ADDRESS:

PHONE NUMBER:

E-MAIL ID:

NOTE: PLEASE ATTACH SIX ARTWORK IMAGES IN THE E-MAIL (SIZE OF EACH IMAGE SHOULD NOT EXCEED MORE THAN 400 KB)