



APPLICATION FORM

FIRST NAME	
LAST NAME	
FIN/ NRIC/ PP NUMBER	
RESIDENTIAL STATUS IN SINGAPORE	
GENDER	
DATE OF BIRTH*	
COUNTRY OF BIRTH	
NATIONALITY	
MAILING ADDRESS	
CONTACT NUMBER AND EMAIL ID	
PREFERRED COMMUNICATION LANGUAGES (HINDI/ ENGLISH/ TAMIL)	
PLEASE TICK THE APPLICABLE BOX (If "Others", specify details)	<input type="checkbox"/> STUDENT <input type="checkbox"/> WORKING <input type="checkbox"/> OTHERS
HIGHEST QUALIFICATION A LEVELS OR BELOW/ GRADUATE/ POST GRADUATE	
ANY PRIOR EXPERIENCE WITH MEDIA? IF YES, PLEASE SHARE DETAILS	
WOULD YOU LIKE TO BE CONSIDERED FOR INTERNSHIP POST COMPLETION OF THE ADVANCED LEVEL? (must have appropriate legal work status for Singapore)	



Masti Media Academy

WHY WOULD YOU LIKE TO BE A PART OF THE MASTI MEDIA ACADEMY <i>(answer in not more than 300 words)</i> <i>Attach separate document if required</i>

I declare that the above information is correct to the best of my understanding.

SIGNATURE

DATE

**For minors (below 18 years of age as on 31st Dec 2026), please complete the following in addition to the above:*

FULL NAME OF PARENT/ GUARDIAN	
FIN/ NRIC NUMBER OF PARENT/ GUARDIAN	
CONTACT NUMBER	
EMAIL ID	

I give my consent to my ward/ child to be a part of the Masti Media Academy

SIGNATURE

DATE

FOR OFFICIAL USE ONLY:	
ADMITTED TO (Beginners/ Intermediate/ Advanced)	
PAYMENT DETAILS (cheque/ account transfer)	

**Note: submission of the form does not confirm admission to the Masti Media Academy. Please await confirmation of admission followed by completion of all formalities before being admitted.*