



Ministry of Culture  
Government of India



## Application for Award of Scholarships to Young Artists in Different Cultural Fields for the Batch Year 2026-27

Ministry of Culture, Government of India

(For the Age Group of 18 to 25 years)

CCRT, Plot No. 15A, Near Ramphal Chowk,  
Dwarka Sector 7, New Delhi, Pin - 110075

Phone – 011-28040013

Photo &  
Signature Here

Only applicants who are born between 01-04-2001 to 31-03-2008 (both D.O.B. inclusive) are eligible for the Scholarship to Young Artists (SYA) Scheme for the batch year 2026-27.

(To be filled in Capital Letters) \*

### A. REGISTRATION DETAILS

Full Name*	
Date of Birth*	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>
Father's/Mother's Name*	
Gender* Male/Female/Others	
WhatsApp Mobile No.*	
Email*	
Differently-abled*	Yes : <input type="text"/> No : <input type="text"/>
Present Address*	
Permanent Address*	
State/UT*	
District*	
Pin code*	
Domicile State*	
Pan No.*	
Aadhaar No.*	
Category* SC/ST/OBC/GEN	

## B. \*ACADEMIC QUALIFICATION

S. No.	Name of the Degree	Board/Collage/University	Subject	Year of Passing
1.				
2.				
3.				
4.				
5.				
6.				

## C. \*ART FIELD DETAILS

Field*	
Sub-Field*	
<b>*Please Note:</b> The <b>Field wise</b> and <b>Sub Field wise</b> classification of Art forms is attached at <b>Annex 'A'</b> and if incase an applicant mentions wrong field or Sub field then his/her application will be treated as <b>cancelled</b> by CCRT.	
Name of the Instrument*	
<b>*Please Note:</b> This is applicable only to the <b>Instrumental</b> field ( <b>Carnatic</b> and <b>Hindustani Instrumental</b> ).	

1. \*Name of two Scholarly Experts/Reputed Institutes who will certify the credentials of applicant as an artist in the respective fields.

Sr. No.	Name of Expert/Institute	Address
1.		
2.		

2. \*Training & Experience in the Art Form:

(Mention your training, skills, and experience in the art form you are applying for — such as duration of practice, styles or techniques learned, and any performances or exhibitions. Do not include academic qualifications.)

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3. Have you received this scholarship from MOC Earlier?

Yes –

No –

**4. Period of training under a Guru/Institute: \_\_\_\_\_**

(Please mention the year you started your training and the total duration (in years).)

**5. \*Name & address of the present Guru/Institute, where training is being taken:**

(From whom/where you are currently learning or receiving training)

<b>Name</b>	
<b>Address</b>	

**6. \*Name & address of Guru under whom training is sought:**

(The Guru from whom you wish to receive training during the scholarship period)

<b>Name</b>	
<b>Address</b>	

**7. \*Proposed Program of Training:**

(If selected, what you will learn during the two-year training)

<b>First Year</b>	
<b>Second Year</b>	

# **Format for Guru / Institution Certificate**

## **Certificate from the Present Guru / Institution**

I certify that Mr. / Ms. .... (Name of the candidate) has been undergoing training in the field of .....(Name of the Art Form) with me / at this institution for the past ..... years. He / She has also received training under other Guru(s) / Institution(s) for ..... years.

Training certificates from the former Guru(s) / Institution(s) are also enclosed. Therefore, the total duration of his / her training ..... years (in figures) / ..... years (in words).

I further certify that the applicant possesses the potential and talent to pursue advanced training in the field applied for under the Scheme for the Award of Scholarships to Young Artists.

Signature of Guru / Institute

Guru/ Head of Institute Seal

Name of Guru/Head of Institute.....

Address.....

.....

Date: .....

**\*Mandatory enclosure:**

- (a) Photo, DOB Proof, Pan/Aadhaar, Proof of Cast Certificate (SC, ST, OBC), Proof of Differently-abled (Whichever is applicable).
- (b) Proof of Major Awards & Achievements.
- (c) Please ensure that all required fields are duly filled.
- (d) In case any information provided in the submitted form is found to be incorrect, the form will be liable to cancellation.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature Here