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| Applicant Details   |  |  | | --- | --- | | Name: |  | | Passport Number: |  | | Nationality: |  |  |  |  |  |  | | --- | --- | --- | --- | | Gender: | M / F / O | Date of Birth: |  |  |  |  | | --- | --- | | Field of art: |  | | Language Proficiency: | English / Nepali |     Address   |  |  | | --- | --- | | Country: |  | | City: |  |   Contact Details   |  |  | | --- | --- | | Phone Number: |  | | Email Id: |  | | Website: |  |   Project Proposal:  Please include a detailed description of your project outlining your intentions for the residency  Residency Period:  Please Select your preferred month/s or period/s for your residency. You may put 1/2/3 according to your preference on the boxes below.  Seasons:   |  |  |  |  | | --- | --- | --- | --- | | Basanta Ritu (Spring) (March to May)   |  | | --- | |  | | Grishma Ritu (Early Summer) (May to July)   |  | | --- | |  | | | Barsha Ritu (Summer Monsoon) (July to September)   |  | | --- | |  | | Sharad Ritu (Early Autumn) (September to November)   |  | | --- | |  | | | Hemanta Ritu (Late autumn) (November to January)   |  | | --- | |  | | Shishir Ritu (Winter) (January to March)   |  | | --- | |  | |   Specify the month you would like to begin:  1st Priority:  2nd Priority:  3rd Priority:  **EXPECTED OUTCOMES AND FEES**   |  |  | | --- | --- | | 1 MONTH | * Final presentation or open studio   And   * Developing and conducting a workshop for children and youths within the period of the residency (This workshop can be based on the form of art your practice) | | 2 MONTHS | * Final presentation   And   * An open studio   And   * Developing and conducting a one day workshop for children and youths within the period of the residency (This workshop can be based on the form of art your practice) | | 3 MONTHS | * Final Presentation   And   * An open studio or an exhibition (group/solo).   And   * Developing and conducting a 3 days intensive workshop for children and youths within the period of the residency (This workshop can be based on the form of art your practice) | | 4 MONTHS | * Final Presentation   And   * An open studio/ Exhibition   And   * Developing and conducting a 4 days intensive workshop for children and youths within the period of the residency (This workshop can be based on the form of art your practice). | | 5 MONTHS | * Final Presentation   And   * An exhibition.   And   * Developing and conducting 5 days workshop/masterclasses for children and youths within the period of the residency | | 6 MONTHS | * Final Presentation   And   * An open studio   And   * A solo exhibition   And   * Developing and conducting a week-long workshop/masterclasses for children and youths within the period of the residency |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1 MONTH:  USD 750     |  | | --- | |  | | 2 MONTHS:  USD 1650   |  | | --- | |  | | 3 MONTHS  USD 2300   |  | | --- | |  | | 4 MONTHS  USD 2950   |  | | --- | |  | | 5 MONTHS  USD 3500   |  | | --- | |  | | 6 MONTHS  USD 3750   |  | | --- | |  | |  |  |  |  | | --- | --- | --- | | I have read the ‘FEES AND EXPECTED OUTCOMES’ part of the form and I am aware that I have to pay the fees and I will be adhering to and completing these requirements.   |  |  | | --- | --- | | Authorized Signature of Applicant: |  | | |

Checklist: Please ensure that you include the following in your application

* Application form:
* Proposal
* CV with a photo
* Portfolio of work
* Copy of Valid Passport (Image)

After you are done ticking the boxes, kindly send this form along with the other required documents to artudio via email, i.e., [artudio@hotmail.com](mailto:artudio@hotmail.com)

For Further Assistance Call Us At +977 9851180088

(this number is on WhatsApp as well)