**National Kala Utsav**

**15th November to 18th November, 2016 New Delhi**

**Registration Form**

**Name of the State** :

**Art Form** : THEATRE

**School Name** : …………………………………………………………………………………

**School Address** : ………………………………………………………………………………

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S. No | Name of the Student | | Gender | | Class | | CWSN | |  |
| 1 |  | |  | |  | |  | |  |
| 2 |  | |  | |  | |  | |  |
| 3 |  | |  | |  | |  | |  |
| 4 |  | |  | |  | |  | |  |
| 5 |  | |  | |  | |  | |  |
| 6 |  | |  | |  | |  | |  |
| 7 |  | |  | |  | |  | |  |
| 8 |  | |  | |  | |  | |  |
| 9 |  | |  | |  | |  | |  |
| 10 |  | |  | |  | |  | |  |
| 11 |  | |  | |  | |  | |  |
| 12 |  | |  | |  | |  | |  |
| Any Replacement | | | | | | | | | |
|  |  |  | |  | |  | |  | |
|  |  |  | |  | |  | |  | |
|  |  |  | |  | |  | |  | |
|  |  |  | |  | |  | |  | |

TEACHERS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S. No | Name of the Teacher | Gender | Designation |  |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

I have received National Kala Utsav Kit

Date:

Signature of Team Leader

Name

Contact No.