Respected Sir/ Madam,

We are sure participating teams are excited for their arrival in Delhi for Kala Utsav 2018. To make this experience safe, memorable and enjoyable concern nodal officer of States/ UTs/NVS/KVS are requested to send the complete Travel details in the format given below for their smooth pick up and drop. **You are also requested to share the Name and Contact details of the State Coordinator to be contacted during travel of teams**.

This year the stay arrangements have been made at National Bal Bhavan, Feroz Shah Road, New Delhi from 12th December- 15th December, 2018. After which we will be required to officially close and vacate the venue. It is therefore requested that State/UTs plan their arrival and departure accordingly, keeping the aforementioned dates in view.

**Coordinator Details:-**

Name:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternative Contact:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please share the Arrival Details in the following format:***

|  |  |  |  |
| --- | --- | --- | --- |
| **S.no** | **Name of State/UT/KVS/NVS** | **Departure Details (From home State/UT)** | **Details of Participants** |
|  |  | **Date** | **Time** | **Station/ Airport** | **Train no./ Flight no.** | **Coach no.** | **Platform No./Terminal no.** | **Female** | **Male** | **Total** |
|  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **S.no** | **Name of State/UT/KVS/NVS** | **Arrival Details** | **Details of Participants** |
|  |  | **Date** | **Time** | **Station/ Airport** | **Train no./ Flight no.** | **Coach no./ Flight no.** | **Platform No./Terminal no.** | **Female** | **Male** | **Total** |
|  |  |  |  |  |  |  |  |  |  |  |

***Please share the Departure Details in the following Format:***

|  |  |  |  |
| --- | --- | --- | --- |
| **S.no** | **Name of State/UT/KVS/NVS** | **Departure Details****(From Delhi)** | **Details of Participants** |
|  |  | **Date** | **Time** | **Station/ Airport** | **Train no./ Flight no.** | **Coach no./ Flight no.** | **Platform No ./Terminal no.** | **Female** | **Male** | **Total** |
|  |  |  |  |  |  |  |  |  |  |  |

***Please share the CWSN Details in the following format (if any)****:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.no**  | **Name of State/ UT/KVS/NVS** | **Male** | **Female** | **Type of CWSN** | **Name of Escort** | **Escort Contact Detail** |
|  |  |  |  |  |  |  |

Kindly inform us in advance about any special requirements such as wheel chair, etc. at the time of arrival or departure.

Kindly send the information at the earliest in order to avoid any inconvenience.

In case of any clarification, please feel free to contact us or email at kalautsavncert2015@gmail.com

Thanks and Regards,

Team Kala Utsav 2018