

ALL DISPUTES SUBJECT TO PURBA BARDHAMAN JURISDICTION ONLY

# PRACHEEN KALA SAMITY (W.B.)

KALNA, PURBA BARDHAMAN, PIN-713409, MO.-9735890300/9434252473/9800794095

Registered under W.B. Societies Regn. Act.XXVI of 1961



## APPLICATION FORM FOR AFFILIATION

Photograph

**Affiliation fees Rs. 500/- is required to be sent with this application  
( Amendable from time to time )**

N.B. PERSONS BELOW THE AGE OF 19 YEARS, EDUCATIONAL QUALIFICATION BELOW MADHYAMIK (OR EQUIVALENT), QUALIFICATION IN ART EDUCATION BELOW 5TH YR. ARE NOT ENTITLED TO APPLY.

The Secretary-Cum- Registrar.

I intend to get our Institution affiliated to Pracheen Kala Samity (W.B.) I have read all the Rules & Regulations as formulated by you and shall preserve the ideals of Pracheen Kala Samity. Particulars regarding my institution and myself are furnished below with a request for your favourable consideration.

1. NAME OF THE INSTITUTION : \_\_\_\_\_  
(IN BLOCK LETTERS)
2. ADDRESS & PHONE NO. : \_\_\_\_\_  
\_\_\_\_\_
3. NAME OF THE PRINCIPAL/  
ORGANISERS (IN BLOCK LETTERS) : \_\_\_\_\_
4. FATHER'S NAME : \_\_\_\_\_
5. AGE : \_\_\_\_\_ SEX \_\_\_\_\_
6. NAME & SIGNATURE OF A REPUTED : \_\_\_\_\_  
PERSON OF THE CONCERNED LOCALITY : \_\_\_\_\_
7. FOUNDATION YEAR : \_\_\_\_\_ SUBJECT(S) \_\_\_\_\_
8. NUMBER OF STUDENT : \_\_\_\_\_ NUMBER OF TEACHERS \_\_\_\_\_
9. EDUCATIONAL QUALIFICATION : \_\_\_\_\_
10. QUALIFICATION IN ART EDUCATION : \_\_\_\_\_

**Must Submit Xerox Copies of all the Certificates and copy of address proof along with application**

Yours faithfully

Date. \_\_\_\_\_

Principal / Organizer (With Seal)