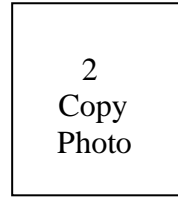


APPLICATION FORM FOR AFFILIATION

To
The Secretary/ Registrar
Bharat Kala Kendra
West Bengal



I / We, am/are interested to have our institution to Bharat kala kendra. I/We, am/are in a position to start an Examination Centre as per your syllabus. I/We have read all the Rules and Regulations as formulated by you and shall upheld the ideal of the Kendra. The particulars regarding my/our Institution are appended below for your information which are correct to the best of my / our knowledge. I / We assure you that we will abide by the existing Rules and Regulations of the Kendra.

I/We hereby declare that a sum of RS. 400/-by M.O. / Cash / Draft Nohas been remitted to you on.....

Yours faithfully

Secretary / Principal
(With Seal)

ALL BLOCK LETTER

1. a) Name of the Academy :
- b) Full address of the Academy :
- c) Contact No. :
2. Academy For :
3. Foundation year of the Institution :
4. Whether the Institution having affiliation
 To any other Organisation in India :
5. Name of the Principal / Secretary :
- a) Date of Birth :
- b) Qualification (Educational & Musical) :
- c) Address :
- d) Phone :
6. Number of students :
7. No. of Teachers and List of the
 Teachers their Academic and Musical
 Qualification with address & Contact No :
8. Recommended by :
- Address :