

REGISTRATION FORM

KALA UTSAV 2025, PARTICIPANT'S REGISTRATION FORM

PARTICIPANT'S INFORMATION

1. Full Name of the Student : _____
2. Mobile No. : _____
3. Father's Name : _____
4. Mother's Name : _____
5. APAAR ID : _____
6. Date of Birth(DD/MM/YYYY) : _____
7. Gender : _____
8. Class : _____
9. Roll No. : _____
10. Email Address : _____
11. Do you belong to any socially or economically disadvantaged group or have a disability?
(Yes/No) If yes, please specify : _____
12. Please tick in which of the categories you want to participate.

Vocal Music (Solo) Vocal Music (Group) Instrumental Music (Solo) Instrumental Music (Group) Dance (Solo) Dance (Group) Visual Arts (Solo) Visual Arts (Group) Theatre (Group) Traditional Storytelling (Group)

PARENTAL CONSENT

I, _____, hereby give my consent for my child, _____, to participate in the Kala Utsav 2025 program. I understand the competition guidelines and grant permission for my child's performance to be recorded and used for the purposes of this program.

Parent's/Guardian's Signature in full with date

OFFICIAL VERIFICATION

This is to certify that all the information provided in this form is accurate and has been verified by the college. The participant(s) meet the eligibility criteria as per the guidelines, and all necessary documents, including the APAAR ID and parental consent, have been obtained.

Date:

Verified by-

Official College Seal

