

KALAKRRUTI

ADMISSION FORM

CAMP'S NAME :

CAMP'S DATE :

NAME : _____
(PARTICIPANT'S NAME) (FATHER'S NAME) (SURNAME)

AGE: _____ BIRTH DATE: _____ MALE / FEMALE

ADDRESS : FLAT NO.: _____ FLOOR: _____ BLDG./PLOT/WING NO.: _____

BUILDING NAME : _____ ROAD NAME: _____

LANDMARK : _____

AREA: _____ CITY: _____ PINCODE : _____ EAST/WEST

MOBILE NUMBER: MOTHER _____ FATHER: _____

WHATS APP NO. : MOTHER _____ FATHER: _____

PARTICIPANT MOBILE NO.: _____ TEL.: (R) : _____

SCHOOL / COLLEGE NAME: _____ BOARD: _____

EMAIL ID : _____

MEDICAL PROBLEMS / FOOD, MEDICINE OR OTHER ALLERGIES / SPECIAL INFORMATION (IF ANY)
MENTION COMPULSORY _____

DO YOU RECEIVE OUR LETTERS & BROCHURES EVERY YEAR BY COURIER - YES / NO

DECLARATION

Kalakrruti's management understands that the enrolled participant's parents have carefully read the mentioned camp's programme, rules and regulations and special instructions which are mentioned in current year Brochure and website and have agreed to abide by the same. If the parents do not sign, the person who has signed the below form is authorised to sign on behalf of parents of the participant.

I'm paying By Cash/Chq the sum of Rs. FULL AMT : _____ ADV. AMT : _____

CHQ. NO : _____ BANK NAME : _____ BAL. AMT : _____

Participant's Signature (In case of adults only)

Parent's/Authorised Person's Signature

Name of Collection Person and Center _____ Date _____