

# WEST ZONE CULTURAL CENTRE, UDAIPUR

Bagore ki haveli Gangaur Ghat, Udaipur

0294-2422567,2523858,2423610 ; web site- wzccindia.com;

Email- wzcccom@rediffmail.com

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## PHOTOGRAPHY WORKSHOP

**14-15-16 Dec. 2018**

1. **Date of Workshop** : **14-15-16 Dec. 2018**
2. **Venue** : Shilpgram, Udaipur
3. **Resource Person** : **Sh. Shires R. Karale**  
Has been invited to conduct workshop.
4. **Participation contribution:** Rs. 2000.00 (Rs. Two Thousand only) for all  
Three days Working Lunch will be provided during workshop. Participation contribution once deposited **will not be refunded** in any case.
5. **Mode of Payment** : Candidate should send DD/Cash in the name of **Director West Zone Culture, Centre, Udaipur** along with details as per appended participation form. Participation contribution may be also deposited by cash in the office of the Centre, a photo copy of the receipt must be attached with the participation form.
6. **Number of Participants** : Number of Participants will be limited.  
No lodging boarding facilities will be provided by the Centre to participants.
7. **Timing of workshop** : Broadly 10.30 a.m.to 5.00 pm with  
Tea and Lunch break.
8. **Selection of Participants:**  
Will be done as per FIRST COME FIRST BASIS, as this is a practical workshop therefore SEATS will be LIMITED.
9. Participants are required to bring their cameras for practical session. Since this is a serious and practical workshop, participants are expected to take this workshop seriously and maintain dignity of the Resource Person, Centre and participants themselves.
10. Certificate of participation will be given.
11. **Any query regarding workshop**  
**Dr. Kunjan Acharya : 09352727209,**  
**Mr. Rajdeep Rakesh Sharma: 09829050939**  
**Mr. Hamant Mehta : 09414162733**

**PHOTOGRAPHY WORKSHOP**  
**14-15-16 Dec. 2018**  
**Shilpgram, Udaipur (Rajasthan)**

**PARTICIPATION FORM**

Name : .....

Fathers Name : .....

Address : .....

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Contact No. : .....

Email id : .....

Experience of photography: .....

Camera model : .....

DD No. & Date/Cash receipt No.  
of participation contribution: .....

Bank Name : .....

**Signature**

**Name:** \_\_\_\_\_