

## Registration form for Performing Artists

### I) General Information

Name:..... Age/D.O.B:.....

Gender: Male/ Female/ Transgender

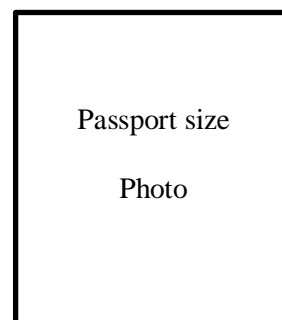
Address:.....

.....

State:.....

Phone no.: ..... Email Id:.....

Aadhaar card no: ..... PAN card no:.....



### II) Art Form (Please tick mark)

Theatre:

Folk Music:

Folk Dance:

Classical Music (Vocal/ Instrumental)

Classical Dance:

Others:

Solo/ Group:

In Case Group- No. of Artists in group (attach name list)

### III) Last 3 Years performance with -

#### A) WZCC

Event	Year
(i)	
(ii)	
(iii)	

#### B) Other ZCC's/SNA/State Cultural Departments

Event	Year
(i)	
(ii)	
(iii)	

#### C) Awards: District/ State/ National

Signature