

SARBABHARATIYA SHILPAKALA PARISHAD



Regd.- State Government
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APPLICATION FOR MEMBERSHIP

Name

Name of Father / Guardian

Religion

Sex

Date of Birth

Educational Qualification

Language Known

Present Address

.....

Permanent Address

.....

Contact No.

E-mail Id

Name of the Centre (English)

.....

Name of the Centre (Bengali)

.....

PHOTO

Reg. Code No.

I certify that the above details are correct & true to the best of my knowledge.

Date

Place

Signature of the Centre Holder

Authority Signatory

Signature of P.R.O.