



मथश्रित्तो

..A theatre workshop

RECEIPT NO:

FULL NAME: _____

DATE OF BIRTH: ____ / ____ / ____

BLOOD GROUP: _____

MOBILE NUMBER: +91- _____

EMAIL ID: _____

RESIDENTIAL ADDRESS:

PIN CODE: _____

OCCUPATION: _____

PAST EXPERIENCE IN THEATRE (IF ANY):

WHY WOULD YOU LIKE TO ATTEND THEATRE WORKSHOP:

HAVE YOU EXPERIENCE ANY HEALTH ISSUES IN THE PAST? IF YES, MENTION THEM. :

AMOUNT PAID (via CASH/CHEQUE): Rs. _____ (In words.....)

CHEQUE NO: _____ **DATE:** ____ / ____ / _____

BANK DETAILS: _____

DECLARATION: I Hereby declare that I have accepted the rules & regulation of the workshop and hereby declare that the information provided above is true & correct to the best of my knowledge and if found wrong, my participation may be cancelled and fee paid may be forfeited.

AUTHORIZED SIGNATORY
(WITH GROUP STAMP)

SIGNATURE OF APPLICANT
DATE:
PLACE:

✂.....✂

(For Office use only)

RECEIPT for "MUKHATIB" a theatre workshop By Jazba Theatre Group

AMOUNT DEPOSITED (via CASH/CHEQUE) Rs. _____ (In words.....)

RECEIPT NO. _____ **DATE** _____ **PLACE** _____

AUTHORIZED SIGNATORY
(WITH GROUP STAMP)