



**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)