

Cy-Fi Karandak 2018

State Level One Act Play Competition

1. Organization Name: _____

2. Address: _____

3. Cheque should be given in the name of (for prize money)

4. Contact No.: _____ Email ID: _____

5. Organization's Registration No. And Date: _____

Documents required along with registration (Tick the option)

1. Organization's Registration Certificate: (Yes/No)

2. Script Writer's Permission Letter (NOC) and Contact Number: (Yes/No)

3. Digital Rights Management (DRM) Certificate: (Yes/No)

4. Three copies of script: (Yes/No)

5. Others: (Yes/No)

6. Registration Fees: Rs.500/-(Cash)

7. Date:

We have read and agree to the rules and regulations and shall abide by it. The rights of videography, photography, broadcasting and change in rules, are reserved with Theatre Academy, and we do hereby accept it.

Signing Authority

Name & Designation, Signature

Stamp:



Contact: Kedar Godse 8390041349 / Ninad Uchale 9657442957

Theatre Academy, Sakal Lalit Kalaghar, Mukundnagar, Pune 411037

theatreacademypune@gmail.com

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1. Organization's Name and Address: _____

2. Establishment and Registration Year: _____

3. No. Of dramas and one act plays performed by organization: _____

4. Whether participated in training workshop: _____

5. No. of dramas performed other than competition: _____

6. Registration Details of organization:

No. of executive members: _____

Office Bearers:

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

Members: _____

Signature:

Stamp:



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Name of One Act play: _____

Writer: _____

Director: _____

Music: _____

Light Design: _____

Set Design: _____

Background Music: _____

Stage Assistants: _____

Artist:

Name of Artist

Name of Character

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

President/Secretary:



Contact: Kedar Godse 8390041349 / Ninad Uchale 9657442957

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