

સુરમધુર કલાવૃંદ સંસ્થા, ગાંધીનગર

એમ.૧૦/૧૧૮, શિવમ એપાર્ટમેન્ટ, સેક્ટર-૨૪, ગાંધીનગર. ફોન-૦૭૯૨૩૨૨૫૭૨૬, ૯૪૨૬૦૨૨૭૨૬

E-Mail ID - mdsurmadhur@gmail.com Visit - www.surmadhurkalavrund.com

Registration Form

“ The Best Voice of Manna Dey “

1	Full Name of candidate			
2	Date of birth			
3	Address			Affix passport size photograph with signature
4	Name of Village/City			
5	Phone Home Office Mobile Email ID			
6	Experience in this field? (Place of training?) (Taken part in any other event in the past?) (Are you a professional artist?)			
7	Detail of songs	Lyrics	Movie	Lyricist
	1			
	2			
	3			
8	DemandDraft/Cheque Details	D.D./Cheque No.	Date	Name of Bank
	Amount Rs. 200/-			

I wish to take part in the event. I have read all the rules and I hereby abide to follow them.

Place -

Date -

Signature -

Name -