

KANAKLAL BARUA MINI AUDITORIUM
DIRECTORATE OF MUSEUM, ASSAM
GOVERNMENT OF ASSAM
GUWAHATI-781001

Date of submission :-

To,
The Director,
Directorate of Museums, Assam
Guwahati-781001.

APPLICATION FORM
FOR USE OF KANAKLAL BARUA MINI AUDITORIUM

NAME OF THE ORGANISATION :

FULL ADDRESS :

TELEPHONE NO. :

MOBILE NO. :

REGISTRATION NUMBER (WITH DATE)
OF THE ORGANISATION. :

AIMS AND OBJECTS OF THE ORGANISATION :

BRIEF ACCOUNT OF THE FUNCTION
(WITH AGENDA OF THE FUNCTION) :

DATE AND TIME OF THE FUNCTION :

I am aware of the terms and conditions for the use of Kanaklal Barua Mini Auditorium and I shall abide by those terms and conditions.

SIGNATURE OF THE APPLICANT

FULL NAME OF THE APPLICANT

DATE :-

For Office use :-

No.

Received from

in the month of He/She requested to enquire in the Office

on